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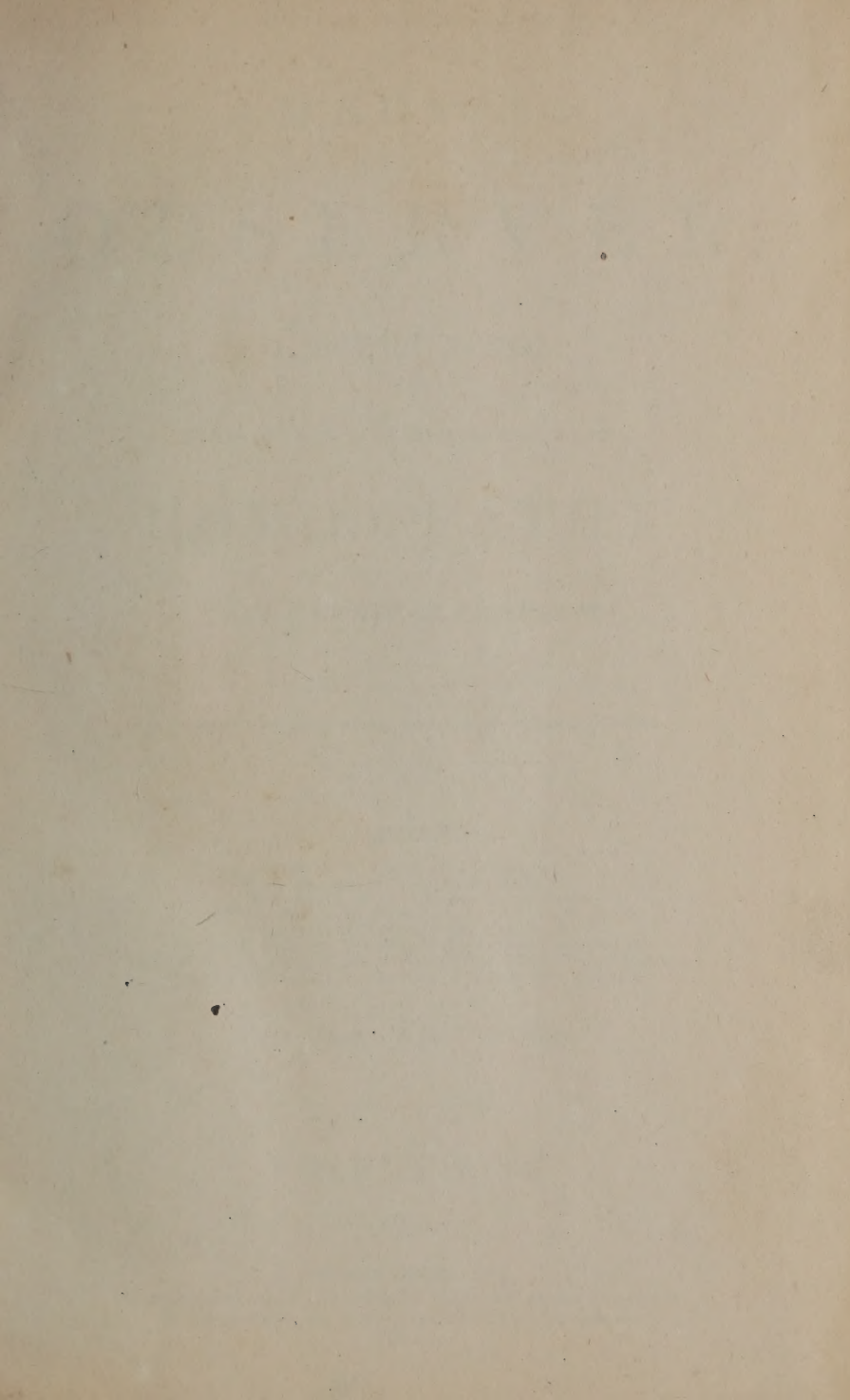
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AMERICAN OBSERVER;

A MONTHLY JOURNAL

DEVOTED TO THE DISSEMINATION OF

HOMŒOPATHY

"THE MEDICINE OF EXPERIENCE."

IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN OMNIBUS CHARITAS.

EDITORS:

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S. LILIENTHAL, M. D., Foreign Translations.
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THOMAS NICHOL, M. D., Diseases of Women and Children.

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VOLUME VIII.

DETROIT, MICHIGAN:

PUBLISHED BY DR. E. A. LODGE, AT HIS HOMŒOPATHIC PHARMACY.

57 and 59 Wayne st., between Larned st. and Jefferson ave.

1871.

Entered according to act of Congress, in the year 1865, by EDWIN A. LODGE, in the
Clerk's Office of the District Court of the United States for
the Eastern District of Michigan.

Entered according to act of Congress, in the year 1869, by EDWIN A. LODGE, in the
Clerk's Office of the District Court of the United States for
the Eastern District of Michigan.

Introductory.

With the present number we commence the eighth volume of the "*American Observer*."

The first volume, 1864, contained	192	pages.
The second volume, 1865, contained	380	"
The third volume, 1866, contained	576	"
The fourth volume, 1867, contained	503	"
The fifth volume, 1868, contained	599	"
The sixth volume, 1869, contained	600	"
The seventh volume, 1870, contained	600	"

Pages printed in seven years, 3,450

For 1871 (the eighth volume) we have promised to print OVER six hundred pages without increasing the subscription price. Some have wondered how we could afford to print as many pages as 600 for *two dollars*. After the type setting is paid for, additional copies cost only the charges of press work, paper, folding, etc. and if there is an adequate increase of subscription for the new year, we will print 56 pages per month, or 672 pages for the year, and hope there will be an increase which will warrant still further enlargement. We rely upon our present subscribers and friends for assistance in extending the present subscription. Medical students and others who will aid in this work, shall be remembered by a liberal commission in cash or books as preferred.

On our part, with a better state of health than we have enjoyed for years, we think we can safely promise a more energetic devotion to the interests of the profession in the general conduct of this journal.

DEVOTED TO HOMŒOPATHY.

The *American Observer* is not the representative of any individual, of any clique, party or faction but of the homœopathic

profession of America. It is not devoted to the local interests of any one State but will be national. It furnishes a platform upon which every member of the profession, who adheres to the doctrine of *SIMILIA SIMILIBUS CURANTUR*, may appear from time to time and present his views, and relate his experiences at the bed-side of the sick. As our national organization "*The American Institute of Homœopathy*," does not hold itself responsible for every utterance that is made by its members at its meetings, so the *American Observer* does not demand that every one who writes for its columns shall chime in with the views of its editors, and cannot be expected to endorse the views of every correspondent. We believe that the cause of truth will be best served by a large measure of liberty. True this may be abused, but the application of a gag rule would work greater mischiefs. A few object to our requirement of adhesion to the homœopathic principle, saying that we are thereby sectarian when we should be catholic and eclectic. But we conceive that the law of cure furnishes a banner under which we can wage war and yet be liberal in the best sense. We do not want an irregular guerilla warfare, and we will not open our pages to the vagaries and uncertainties of indefinite allopathic therapeutics.

CONTROVERSIES.

We know that we have a multitude of friends and it has been manifested that we have a few enemies. We wish these to understand that we do not bear them enmity. Perhaps we should express our obligation to them for the good we have received at their hands although it was not intended. In some places special efforts were made to weaken the influence of our journal and reduce its subscription, and in each of these points we now have a much larger subscription list than we had before. We have not noticed a tithe of their detractions and expect to pay still less attention to them in the future.

We do not propose to exclude controversial papers but to limit their number and the space to be occupied. We desire that the *Observer* for 1871 shall be, more than ever before, *practical, spirited and earnest*.

CORRESPONDENCE SOLICITED.

The prospects of our journal for the new year are most encouraging. We invite all of our readers to contribute to our pages and add to its interest. We are not in the habit of

addressing special requests to writers for contributions. When visiting a medical friend a few days ago we asked why he never wrote for the *Observer*. He replied, "You never asked me!" Let it be understood by every subscriber that whenever he has a contribution to make, it will be acceptable: a report of a case treated, a remark—even if it is only a hint in relation to the right application of a remedy, a suggestion, a friendly criticism, an inquiry, a request, a word of advice, all such are always welcome. Items of interest that are found floating in the newspapers, that are worthy of preservation, and which a subscriber would like to have reprinted in the *Observer* will be received with pleasure. Newspapers containing reports, or local items relating to homœopathy, are always acceptable, as they assist in making up intelligence which is of general interest. Correspondents will be kind enough to always mark the portions to which they desire to direct attention.

SURGICAL DEPARTMENT.

BUSHROD W. JAMES, M. D., our Surgical Editor, furnishes for the present number a very interesting and instructive account of his recent illness under the heading of "*Surgical Poisoning*." We are much pleased to learn of his recovery, and that he will be able to furnish a series of articles for this journal which will be appropriately illustrated. His surgical contributions have added much to the interest and value of our publication.

PATHOLOGY AND MICROSCOPY.

Professors JONES and COLTON will devote their attention to these branches of Medicine: and scientific papers of practical importance may be expected from month to month.

MATERIA MEDICA DEPARTMENT.

Prof. HALE's interest in the advancement of Homœopathic Materia Medica, and desire for the prosperity of this journal (of which he was one of the first contributors), will be manifest by his regular editorials.

CLINICAL DEPARTMENT.

W. S. SEARLE M. D., will continue in charge of the Clinical Department which he has improved so much, and which he will make still more valuable if our readers will take the trouble of

reporting all their cases of interest. We invite attention to the request for contributions which appears from him in this number.

DISEASES OF WOMEN AND CHILDREN.

THOMAS NICHOL M. D., (whose removal to Montreal in the Province of Quebec we notice), will retain charge of this department and finish the series of papers on the *Respiratory affections of Childhood* which was commenced some months since. His services to our journal have been very acceptable to the profession and are greatly appreciated by us.

PHYSIOLOGY AND PRINCIPLES OF MEDICINE.

This department will remain under the editorial charge of Prof. H. P. GATCHELL, who has been prevented by impaired health from devoting as much attention to it during 1870 as he desired.

We hope for his complete restoration and that we shall have a series of excellent papers from his scientific pen.

FOREIGN TRANSLATIONS.

S. LILIENTHAL, M. D., of New York city, has placed us under special obligations for the excellent translations from the foreign journals which he has furnished for our pages. We are pleased to announce that these will be continued. One of our most thoroughly educated German physicians told us a few weeks ago that he had discontinued the foreign periodicals, because he found the best papers, well translated, in the *Observer*.

THE LAUGH CURE

May occupy one-fiftieth part of our pages.

"When I come in from a long ride much wearied, and not able to give attention to any scientific subject, I am often enlivened by '*The Laugh Cure*.' Give us more of it."

We are glad to find that this page has been acceptable to so many readers. As the host furnishes his table with little trifles as well as with substantial viands so we have endeavored to spread our board with a variety to suit all tastes. Here are meats, and there relishes; for some a little *sauce*; now breadstuffs, and then a little fruit. Not all delicacies and not all strong food. We will try and avoid those things which are particularly indigestible, (some M. D's. however have very strong stomachs), and tender only those which shall tend to the true nourishment of the body—HOMŒOPATHY.

ORIGINAL MATTER.

Our contemporaries must not think because we do not copy from their pages that we do not recognize the value of their publications. We wish to encourage our physicians to purchase all our homœopathic journals, and think that every physician in active practice will find a decided benefit in subscribing for every homœopathic journal published in the United States. No one will be annoyed at finding in the *Observer* the same articles that he has read in the other magazines. We shall endeavor to furnish not only *original* matter but the best. The present number is thought to be better than previous issues, and we expect to print as many pages, of equal value, every month.

PUBLISHER'S REGULATIONS.

1. ALL SUBSCRIPTIONS COMMENCE with January number of each year, so that each subscriber receives a complete volume of *over* 600 pages. Subscriptions are not taken for parts of volumes. (Single numbers 25 cents each.)

2. ALL SUBSCRIBERS ARE CONSIDERED PERPETUAL in the absence of notice to discontinue. Discontinuances should be notified by return of numbers not paid for, marked across them "*Declined*," with name. If name is not given distinctly, mistakes cannot be avoided.

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4. CLUB RATES.—For Five subscribers,	\$ 8 50
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6. REMITTANCES ARE NOT AT PUBLISHERS RISK, unless sent by postal orders, or in registered letters.

7. POSTAGE. The postage on the *OBSERVER* is *twelve cents per year*, to be prepaid quarterly by the subscriber at the Post Office where it is received.

8. PREMIUM OF SEVENTY-FIVE CENTS in Books or other goods will be paid for each NEW CASH SUBSCRIPTION at \$2 00 obtained by any old subscriber or student.

9. ADVERTISEMENTS should be sent by the tenth day of the preceding month. Transient advertisements must be accompanied by Cash, (One Dollar and a half for each hundred words.)

Each subscriber *old or new* who remits his subscription of two dollars for 1871, by postal order or registered letter, before the 1st of February, 1871, will receive by mail a receipt therefor,

and with the compliments of the publisher, *one* of the following pamphlets.

The Present State of the Practice of Physic.

Asiatic Cholera, description, causes, treatment, etc.,

Consumption, by Dr. Meyhoffer.

Hoyne on fevers.

Moore on Scarlatina.

Ruddock on Consumption.

PREMIUMS.

The following premiums are offered for **NEW SUBSCRIBERS**. (Those whose names are now on our books cannot be reckoned as *new* subscribers.) The object of offering premiums is to increase our subscription, and to compensate those who aid us in this work.

For one new subscriber at \$2.00, Ruddock on Consumption.

For two new subscribers at \$2.00 each, Caspari's Homœopathic practice.

For three new subscribers at \$2.00 each, New Homœopathic Provings.

For four new subscribers at \$2.00 each, Chepmell's Hints.

For five new subscribers at \$2.00 each, Sten's Therapeutics.

For ten new subscribers at \$2.00 each, Hale's New Remedies.

For fifteen new subscribers at \$2.00, Bæhr's Therapeutics; Hempel's Materia Medica, or Marcy & Hunt's Practice.

CLUBBING WITH OTHER JOURNALS.

We do not give a list of publications for which we will receive subscriptions in connection with *Observer* as too much space would be occupied, but simply state that the rate for *Observer* will be only

\$1.50 FOR 1871

When taken in connection with any other magazine, and subscription for *both paid in advance at this office*.

E. A. L.

Pathology and Microscopy.

PROF. S. A. JONES, M. D., AND PROF. D. A. COLTON, M. D., EDITORS.

A REVIEW OF THE ARTICLES ENTITLED :

Researches upon the development and the mode of propagation of the
STRONGYLUS-GIGAS.

BY M. G. BALBIANI.

TRANSLATED FROM THE FRENCH BY D. A. COLTON M. D.

*From the Journal de L'Anatomie et de La Physiologie normales et Pathologiques
de L'Homme et des Animaux. Publiée par*

M. CHARLES ROBIN.

M. Balbiani, in his experiments, honorably professes to follow in the way inaugurated by Dujardin, Siebold, Meissner, Van-Beneden and Küchenmeister. Among his co-laborers he gives the first place to M. Davaine in France, and Leuckart in Germany.

The past history of the Strongylus has been almost exclusively confined to its anatomy; and this too of specimens that had been some time in alcohol. There has been no precise description of its development or of its mode of transmission. M. Davaine inquires whether the Strongylus, may be oviparous or viviparous; but inclines to the former. He, consequently, does not place much confidence in Wedel's assertion that he had seen one of these animals filled with little worms. Messrs Schneider and Leuckart, from certain observations which they made, concluded that the Strongylus was subject to certain migrations; and that, by the use of fish, it was introduced into the organism of superior animals, where it was nurtured in its definite form. M. Balbiani coincides with the opinion of these two eminent German helminthologists and thinks that such opinion accords with experimental observations.

In November 1867 Mr. Gréhan, of the College of France, presented to Balbiani three specimens of the Strongylus that were taken from the abdominal cavity of a dog upon which some physiological experiments were being made. They consisted of two males and one female. The female was over thirty inches long and weighed some forty grains; the males were each about ten inches in length; one weighing a little more, and the other a little less than three grains. These worms lived in the air for some three hours after their extraction, and executed quite lively movements; especially, during the first portion of that time (1.)

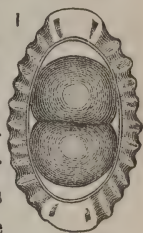
(1) *The kidneys of the dog were found to be perfectly healthy, and consequently if the worms ever inhabited those organs, they must have escaped when very young.*

On pressing the body of the female, near the genital orifice, a brownish liquid escaped in sufficient quantity to stain the fingers on drying. This contained numerous ova as shown by the microscope; but by introducing a tapering tube into the orifice of the vulva, the eggs were obtained from the uterus, in sufficient quantity, to enable one to observe their development, and to institute experiments in reference to the mode in which the Strongylus is transmitted.

The egg of the strongylus gigas is ellipsoid in form, somewhat diminished toward the two poles. It measures one-four hundredth of an inch ($O^{mm},068$) in its greater diameter, and near one-six hundred-twenty-fifth of an inch ($O^{mm},042$) in its lesser. The shell is formed of a chorion which is thick but fragile, transparent, and of a brown color, except at the two extremities, where it is colorless. It is thicker at the latter points, but more fragile than the middle portion, so that the contents escape at one of the poles when the shell is compressed. The middle portion is pierced by a great number of minute funnel shaped openings, the orifices of which, appear as clear spaces upon the brown portion with which they are bordered. Within this first envelope is the vitelline membrane which is closely applied to the internal wall of the shell. In all of the eggs taken from the uterus of the female, this membrane touched the vitellus only in the middle portion of the egg, while, at the extremities, it was separated by a space sufficiently large to admit of growth; the space being filled with a clear and transparent liquid. This concentration

of the vitellus toward the center of the egg is one of the first evidences of its organization; and which is further shown by the fact that in those eggs found near the orifice of the vulva, the vitellus was already divided in two segments, each of which, enclosed a central portion which was clear. (Fig. 1).

While, on the contrary, those occupying the deeper parts of the uterus, were as yet an undivided mass, with a single clear portion in the center. From this and many other observations in reference to the development of the eggs of similar worms, it is quite evident that they, as well as the *Strongylus*, do not, in the genital tube of the female, attain a degree of organization more advanced than that just stated.

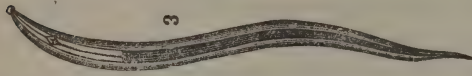


Placing some of the eggs, as soon as taken from the body of the female, (24th of Nov., 1868), in moist sand, and others in a decanter of pure water, no progress was made in the division of the vitellus during the whole winter. It was only in the middle of April, 1869, four months and a half after their extraction from the female, that the divisions of the vitellus had attained four, six, or a much greater number of segments in the different ova; several even having the appearance of being quite mature. About a month later, (19th of May), in most of them, an embryo was observed which was entirely cellular in appearance, and yet executed spontaneous movements that were quite appreciable. At the end of May nearly all of the eggs contained an embryo that was fully formed. (Fig. 2).

Disengaging the embryo from its shell, it generally remained immovable, or executed only slow and rare movements; and, after some minutes, it visibly altered in its appearance, showing vacant spaces in its interior, and expired. This was the case in pure water, which proved that this was not the natural element for the *Strongylus* at its birth. Salt water preserved the same intact for a longer time; but, above all, in albumen, the embryo manifested the greatest vivacity and rapidity of movement. Adding a few drops of a weak alkaline solution and maintaining the embryo at a temperature of 30 to 35° centigrade, (86 to 95 Fahrenheit), its movements became more energetic than ever.



The embryo is about one-one hundredth of an inch in length



(O^{mm}, 24) (Fig. 3) with a body fusiform; its transverse section cir-

cular; diminishing insensibly in its posterior portion, and terminating in a conical tail. The head less tapering than the caudal extremity, terminates in a mouth which is a small round opening that presents a trace of six papillæ upon its border. The mouth appeared to be furnished with a small perforating tooth that could be protruded or retracted at the will of the animal. The cesophagus occupied about one-fifth of the length of the worm; and toward its anterior part appeared to be provided with three obtuse elevations, or teeth, that seem to be formed by a thickening of its internal lining.

Heat has much to do with the evolution of the embryo and with its movements. Thirty degrees centigrade (86 Fahrenheit), serving to mature the ova in a few days, while it would take weeks and perhaps months, to develop them at a much lower temperature.

Many of the entozoa such as the ascaris lumbricoides, the tricocephalus dispar, etc., do not suffer from dessication; while, on the contrary, the egg of the Strongylus very soon becomes disorganized by dryness and exposure to air. This corresponds to the apparent design of its structure; its shell being pierced by a multitude of canals, it seems to be fitted to occupy places where moisture is abundant. This conformation of the ovum of the Strongylus may account for the infrequency of the animal, as compared with the great number of eggs that are produced.*

Some of the eggs that have been in pure water or moist sand for fifteen months, and in which the embryo has been formed some eight months, have not in all that time erupted from the shell. And, as it has been seen that the young *Strongyle* soon perishes in water, we are led to conclude that it is obliged to enter upon the life of a parasite even while enclosed in its shell. May this not be either directly to an animal where its development becomes complete; or after a longer or shorter sojourn in the organism of an animal of a different kind, which affords it a

*It is evident from the history of this species as well as of other helminthæ that there is a harmony between the conditions which affect the development of their eggs and the place inhabited by the animal that nourishes them.

temporary home.? In order, if possible, to answer this question, the following experiments were instituted :

1. Several hundred eggs of the Strongylus, each of which contained an embryo mature, were given to a dog. Five months after, the dog was killed; and although all the organs and especially the kidneys were examined, no trace of the Strongylus was found.

2. Another dog was tried in the same way, and killed after three months, with the same result.

3. Pieces of the quill of a pen enclosing the eggs, each of which contained an embryo fully developed, were directly introduced into the stomach of a dog through a fistulous opening. On the second day after, they were found in the fecal matters, and, on examination with a microscope, the only change that could be observed, was that the shells of a small part of them were softened and open, and the embryo shrivelled and colored with bile.

4. Two little balls of cotton soaked in water that was full of the eggs of the Strongylus, and then enclosed in bags of cloth, were introduced through the same fistulous opening as above, and retained in the stomach of the animal by means of a string fastened outside. On examination twenty-four hours after, no change in the ova had taken place.

These observations prove that it is not when the embryo is fully developed and still shut up in its shell, that the Strongylus enters into the animal where it is to complete its development. The want of success in the foregoing experiments, would lead one to infer that it requires at least two kinds of animals that are distinct from each other, to meet the conditions necessary for the development of this parasite.

Messrs Schneider and Leuckart, thought they had discovered the larvæ of a certain kind of Strongylus in certain kinds of fish as the *Symbranchus Laticaudatus* and *Galaxias scriba*. They thought this accounted for the fact of their being formed in animals that live upon fish. The Strongylus itself, is most frequently formed in the mammiferous animals such as the otter, etc., that live upon fish.

In accordance with the idea of Schneider and Leuckart, the mature eggs, of the Strongylus, were, at various times, introduced into the stomach of the eel. The eel was selected, because it

belonged to the same family as the *Symbranchus Laticaudatus*. In each of the cases, so tried, there was no change that presented any light upon this matter. The eggs were also given to other fish, with a purely negative result.

In Brazil in South America, the hæmaturia peculiar to that place, seems to be from no other cause than the presence of a similar worm to that of the *Strongylus Gigas*. Dr. Wucherer, practicing in Bahia, observed little worms in the blood voided by patients affected with hæmaturia, and that they were in a state of active movement. On sending some of that portion of the blood containing them, to Leuckart, he recognized them as a species which probably, belong to the family of Strongylides. This appears the more probable as the *Strongylus* has been several times observed in that country; and it may be equally interesting to note, that in Brazil is found the one kind of fish, *Symbranchus Laticaudatus*, above referred to, as inhabited by the larvæ of the *Strongylus Gigas*.

CONCLUSIONS.

From the above facts we draw the following conclusions.

1. The egg of the *Strongylus Gigas* commences in the uterus of the female, but is soon arrested, to be finished after it is expelled from the body, and placed in contact with water or moist earth.
2. From this time to the appearance of the embryo, is some five or six months in winter; but in summer it is probably much shorter.
3. The embryo will remain in its shell a whole year, without perishing; but in contact with pure water in an artificial enclosure, it alters rapidly; it *lives* only in albuminous liquids.
4. The state of dessication prolonged for several days suffices to produce the death of the embryo in the egg.
5. The egg of the *Strongylus* may not be enclosed in the digestive tube of the animal where it acquires its complete development, but in that of a different kind which is yet unknown, and that furnishes the parasite with a temporary resting place until it migrates to its definite home.

Surgical Department.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

SURGICAL POISONING.

Letter from the Editor of our Surgical Department concerning his recent illness.

PHILADELPHIA Oct. 24, 1870.

EDWIN A. LODGE, M. D.—*Dear Sir.*—There is an idea abroad in some minds that the virus of a *living* tissue diseased will not poison the system of the operator should he unfortunately break the skin of his hand while covered with the discharge or blood of such tissue. But in gangrenous structures, and that from the cadaver, it is agreed on all sides that a poisonous virus exists. I am however inclined to the belief that there is a poisonous virus in the abnormal growths themselves while yet a part and parcel of the living human organism, and instead of the virus producing in the healthy system an analogous malignant growth it develops only symptoms of poisoning which may be either serious or fatal in their results. But without entering into argument on this point, as you will want to know the reason of my delay in getting out some illustrated articles, and when I say it was illness you will want to know what the cause and nature of that illness was, so I will briefly give it you :

About six weeks ago, I was called to render surgical aid, in a female, a patient of former years, who claimed that her "womb was falling out, and she could not return it," nor could she urinate. I found that there was no prolapsus uteri, but there was something like a polypus filling the vagina, which could not be returned. I introduced the catheter and drew off the urine and thinking that the growth would in a day or two come fully within reach, I left the case in charge of Dr. C. J. Wiltbank who resided in the neighborhood.

On the following day he summoned me to meet him in the case, as an enormous growth of nine or ten pounds weight had passed the vagina and was adherent by a very wide thick pedicle to the uterus above. After examination I suggested its removal, at once, and accordingly with his assistance I did so. I first threw a stout ligature around the pedicle as far up the vagina as I could reach while I made some traction upon the growth to draw down the uterus and thus I got it as near the uterine attachment as possible. The uterus would not draw down to any extent however, and the hand placed upon the abdomen indicated a considerable enlargement and hardness from another growth which had not yet been thrown out. The pedicle was broad and extremely unyielding, so I armed a stout three inch needle with a double ligature and ran it through the pedicle antero-posteriorly and then ligated each half separately, after which, I held away the vulva and cut off the hard fibrous gristly mass near the double ligatures. The bleeding was comparatively slight, the case went on well, and Dr. C. J. Wiltbank informed me that the following day the strangulated portion of the pedicle and ligatures retracted far up the vagina and the patient could urinate normally and the aid of the catheter was not required. Our hands were copiously oiled before the operation was preceeded with. In tying one of the ligatures I drew so hard upon it that it cut its way through the skin of the forefinger of my left hand, the hand being covered with the grumous vaginal discharge from these malignant growths. I washed my hand, and cauterized the part with Sulph. Cupri. having no Nit. Argentum at hand. I did not suck the wound owing to a slight abrasion of the skin of my lower lip. I now regret that I did not go down to the fire and touch the part against a red-hot coal and thus char the part about half an inch around the wound. As soon as I could obtain Nitrate of Silver I cauterized the wound again freely, together with two or three tender spots on the other hand. In about 48 hours a pricking, stinging sensation, like a thorn-prick, set in in the right fore-finger. Soon the little finger began to sting and burn and inflame, then the opposite hand, on the dorsum, swelled up like the tumefaction which results from a mosquito bite or flea bite, and ere long the inflammation ran over the whole back of the hand with pain up to the elbow, while another inflamed spot on the left thumb appeared but was not so large. In four days time the

inflammation showed evidences of extending to the palm of my right hand, while a soreness and aching was felt up to my elbows, my hands being very painful and almost helpless. Arsenicum was the remedy I used frequently up to this time. On the fifth day a violent burning set in, which ran up both arms to the spine, in fact the burning and pains extended from my fingers up the arms, decussating each other and around to the opposite sides, and high febrile symptoms appeared. Heretofore I had merely local symptoms, I now took Lachesis⁵ one dose, then Rhus toxicodendron. On the sixth day, independent of the acute suffering, the symptoms did not appear to increase. But on the seventh day the most serious symptoms came on. A high fever, thickly coated tongue, intense pain in my hands, pain in the left side of the chest and cardiac region, stiffness and an aching pain all over the body — headache and loss of appetite. Two doses of Mercurius cor.⁶ were taken at the suggestion of Dr. W. Williamson. In a few hours the salivary glands were acting profusely and the saliva was often times tinged with blood and at others freely mixed with blood. About 14 years ago I was mercurialized while proving Mercurius iod. flav. On the night of the seventh day I was seized with a most agonizing pain in the left iliac region, in the upper part of the sigmoid flexure of the colon, and the pain ran down the rectum and to the anus in paroxysms, with continued tenesmus. A diarrhœa set in which became almost colliquative and uncontrollable by the next morning while the pain was almost unendurable. Fearing that the poisonous virus had obtained the mastery over the resisting powers of nature I took another dose of Lachesis⁵. I was extremely weak, my appetite was gone and I became listless to everything going on around me. My sufferings were intense and my hope of recovery was rapidly diminishing. Some hours after taking the Lachesis I remembered that Pulsatilla had an almost specific action on my system, in derangement of the bowels. I took Pulsatilla and soon felt better. The paroxysms of pain became less severe and further apart, and in a few hours disappeared altogether, as did the pain in my hands at the same time. The diarrhœa soon became less troublesome and ceased shortly after the pain. I waited during the day on the Puls. but not feeling so well in the evening I repeated it. The inflamed places on my hands had put on the appearance of carbuncle, and from my right index finger, which I had freely in-

2—January.

cised in the early stage of the attack, the slough came away about the tenth day—the large one on the back of my left hand three days later and a few days later the others. The right little finger at one time became so dark and angry looking that I incised it in two places in order to save it from gangrene if possible, and I think that procedure saved it.

When the more alarming symptoms had passed over, I took a few doses of the Iodide of Arsenic, of Dr. Williamson's prescribing, and after waiting about two weeks longer, I took one dose of Arsenicum, the highest attenuation that I could obtain. After taking this remedy, I could not but notice a marked improvement in the bloody saliva which I was then expectorating several times during the day, and with which I would find my mouth filled every morning, and likewise three or four times during the night upon waking.

This bloody saliva was a symptom which I had before this poisoning occurred, owing to a small gingival engorgement and fungus between my teeth on the left side of the inferior maxillary, and was not annoying to me until this attack. This illness made it assume a very troublesome character until the Arsenicum high was taken, after which it gradually became less until it entirely disappeared.

Some doubts were at first entertained as to the origin of this attack being the poisoning from the virus of this case of malignant tumor, but as Dr. Wiltbank, who assisted in the operation, had a small abrasion on one finger, which he had not noticed until my hand received the wound, and although I applied the Sulphate of Copper to the spot for him, he nevertheless became affected with the virus and had a severe spell of illness, somewhat analogous to mine, with similar agonizing pains, without any intestinal disturbance however, and from which attack he recovered about the same time I did. Hence, I am confident that we both suffered from poisoning from animal virus.

I would here express a caution to surgeons who may become wounded while operating on these dangerous growths never to rely for safety upon any other caustic than the actual cautery, or one that will be certain to destroy a certain amount of the surrounding tissues sufficient at least to contain the virus which has been introduced.

Very truly yours,

BUSHROD W. JAMES.

Drainage coil for abscesses.—A coil of annealed wire, made into the shape of a very small cylinder, is a good arrangement for keeping the opening of a deep seated abscess from closing and also for draining off the pus.

Lead dressing for wounds.—A very thin sheet of lead may be used for dressing wounds instead of lint, and it has more of an antiseptic power than the latter.

LITHOTRITY.

For urinary calculi, occurring in men after the middle period or decline of life, it is the safest mode to treat the case by this operation. Then again in females generally, and in cases of males where there is a diseased condition of the perineum or prostate gland crushing the stone is requisite; while occasionally a suitable case for lithotomy will not consent to that operation and will only have the stone crushed, and therefore we find the necessity for the use of the lithotrite and the operation of lithotritry which we propose briefly to illustrate.

Having explored the bladder and detected one or more calculi, the first point to be decided is this: can this case of calculi be operated upon at once. We answer negatively, for almost every case. In patients with calculi there is nearly always present a great irritability of the neck of the bladder from the contact of the foreign body with the tender lining membrane of the bladder at every urination, and this irritation extends down the urethra and often over the whole internal vesical lining; and, as a result, the part becomes extremely sensitive; therefore, rather than make your patient suffer, you must oblige him to lay in a recumbent position, with elevated hips, for a few days, and compel him by perseverance to urinate while on his back or side without rising up. A few doses of Cantharis or Belladonna will remove the sensitiveness of the part where the stone has been pressing; for now the calculi has naturally rolled away from thence to the most dependent and less irritable part of the organ. Do not allow him any anodyne or anæsthetic, either at this time, or when you perform explorations or lithotripsy, for you may injure the parts seriously if the patient is unconscious of pain. As soon as this ir-

ritation has passed away the first exploration is to be made. This must be done with soft bougies to find out how large and how sensitive the urethra is. Then this canal is to be made accustomed to the presence of the sound, and is likewise to be dilated with sounds increasing in size until you get it distended beyond the diameter of the lithotriptic instrument. These sounds may be introduced first every other day, then every day, and finally two or three times a day until you get the urethra of the proper size and the extreme sensitiveness to the passage of the instrument is removed, and this may take a week, and the whole preparatory treatment two, three or four weeks according to the non-nervousness or otherwise of the patient's temperament. Finally introduce a lithotriptor fig. 1. (which is Thompson's Lithotrite shown partly opened). For searching purposes, grasp the stone with it, and record the measurement, and while the stone is thus held in the blades of the instrument see if any others are present, by rotating the searcher first to one side and then to the other, and then gently pressing it back, and drawing it a little forward sufficient to explore the floor of the bladder. This will irritate the bladder enough to desist. Let go the hold upon the stone and withdraw the instrument and in three or four days you are ready for the operation.

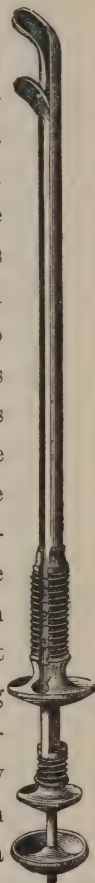
The position of the patient may be either sitting up in bed, resting back against a bed-chair, or he may be in a horizontal posture with his hips elevated with a firm pillow, and the thighs held widely apart. Allow the urine to accumulate until there is five or six ounces in the bladder. Then if the meatus urinarius is still too small a slight incision will enlarge it sufficiently for the entrance of the instrument. Warm the lithotriptor and oil it well, then standing upon the right side of the patient with your back to the head of the bed, or partly so, the patient being of course at the

1.



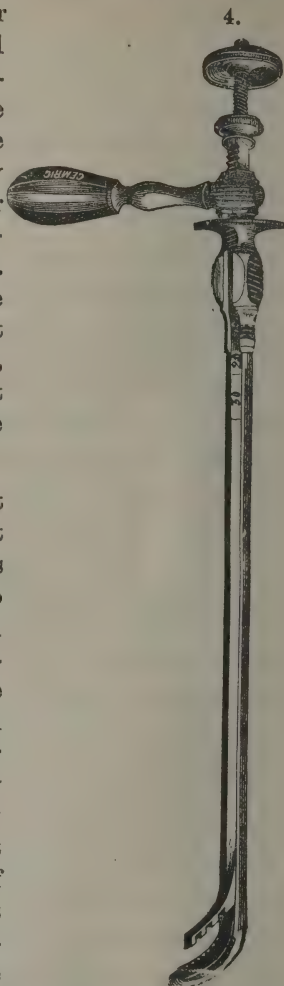
edge of the bed, you observe the following precaution in introducing the lithotripter, which always has a short curve and must be introduced somewhat differently from a long-curved catheter—see fig. 2. Civiale's small 2.

lithotrite (shown open however in the cut). Keep the penis in a vertical position by holding it back of the corona between the left hand thumb and forefinger with the hand grasping the body of the organ. Then with the lithotrite held in the horizontal position in the right hand, introduce it slowly, at the same time gradually raise it to the perpendicular by the time its point comes to the bulbo-membranous juncture. Hold it here a moment, and you will find it slipping slowly into the membranous portion of the urethra. Then depress the handle, sweeping it gently on down between the thighs to a horizontal position in that locality. By this mode of introduction, there is little or no fear of tearing the urethra across in front of the triangular ligament, a serious occurrence should it result. The instrument in, be careful not to injure the inner walls of the bladder in searching for the stone, which will usually be found at the *bas-fond* and posterior part of the bladder. Having found it, open the jaws of the lithotrite, and if the calculus does not drop into it, place the instrument gently against the posterior inferior part of the bladder, and with the sliding blade retracted, a wriggling movement, or a slight stroke of a finger against the handle of the instrument, will make the stone drop between the jaws of the lithotrite and as soon as this occurs close the blades.



Ascertain that no fold of the mucous coat of the bladder is caught between them, by moving the handle from side to side or by turning it somewhat around. Finally turn the screw at the handle. (See Fig. 3 Civiale's large size Lithotrite) while the other

3. hand holds the instrument firmly, and slowly the stone is crushed. Fig. 4. is another lithotrite worked by a rack and pinion, but Civiale's is preferable. Be as expeditious in the operation after introducing the instrument as care and safety will admit of. Do not be over three or five minutes in performing the whole operation. If the calculi is small this one sitting ought to suffice; if it is quite large several operations, about five days to a week apart will be required, before all the particles are pulverized.



In removing the instrument after operation, in order that no adhering detritus, or points of calculi, remain fast to it and tear the urethra in withdrawal, remove this adhering portion by holding the handle of the lithotrite with one hand while with the other the screw or wheel is quickly rotated back and forth a few times to open slightly and shut the blades and thus drive off of the instrument the calculous adhering particles. After removal of the lithotriptor the patient may urinate, and possibly the urine may be tinged with blood and but little of the resulting sand may pass away for twenty-four hours or more, which is all the better, as the sharper edges are somewhat worn off by attrition in the bladder and thus scratching and tearing of the urethra is not so likely to occur, nor will the larger particles be so likely to become impacted in the canal.

The operation once undertaken every particle must be

crushed fine enough to pass the urethra and it must come away, or a new nucleus in each particle is left to form other calculi. Tepid water may have to be injected frequently into the bladder after the stone is crushed to wash out the particles that remain after urination. The sound may have to be used often to detect any pieces that may have escaped the lithotrite.

Now as to the after treatment. Should the instrument be very carefully handled while in the bladder, and not moved about much over the internal lining membrane, thus avoiding much distress and inflammation, few or any after effects will result for treatment. A careful operator will not push his lithotrite so far in, or press so hard against the delicate tissues of the bladder, as to rupture or perforate the organ; but should he inadvertently do so peritonitis and death will no doubt be the result. Hæmorrhage may however occur to some extent, when Hamamelis, or Cinnamomum, or Belladonna might be required. Should fever or chills or rigors result, Aconite. If cystitis follow, Belladonna or Cantharis or Cannabis may be indicated, and if the inflammation or irritation extends up to the kidneys, Asparagus officinalis, Apis mel. Apocynum cannabinum or Arsenicum may be needed, according to indications. Should orchitis or prostatitis occur, Belladonna, Pulsatilla or other medicines may be called for.

One result frequently follows and that is, a particle of the calculi may lodge in the urethra and for the removal of such obstructions the instrument shown in Fig 5. will be of use. It is an urethral probe with a hinge joint near its extremity. It can be introduced straight and passed up by the obstructing foreign body and then this joint can be bent at quite an angle, and getting thus back of the object the surgeon can withdraw it on removal of the instrument.

B. W. J.



EPIDERMIC GRAFTING.

Almost constantly do surgeons have on hand cases of large ulcerated surfaces that are very slow in healing. The patient gets tired of the tedious process of the repair of dermoid structure and the attendant having exhausted all the benefits he can gain by sutures and adhesive strips for drawing the edges of

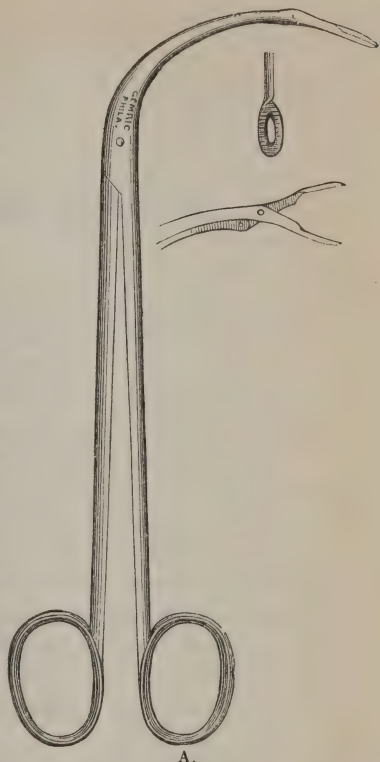
sound skin in closer proximity, oftens finds that nature still has a long work to perform in the case. Just at this juncture the process of "grafting," introduced by the French Surgeon, M. Marc See, comes in to fill up the surgical gap hitherto existing in this particular. The *Boston Journal of Chemistry*, Oct. 1870 refers very concisely to the subject under the title of *Medical Agriculture* as follows: "At a recent meeting of the Paris Surgical Society M. Marc See related a case of what he termed "*epidermic grafting*." The patient had his arm caught in some machinery, the soft parts of the anterior and external portions of the forearm and of the elbow being lacerated and crushed, the bones not sustaining any injury. The wound was dressed with pure alcohol, and its surface, after the elimination of the superficial portion which became gangrenous, was covered with granulations. M. See then took two small shreds of epidermis detached from the inner side of the arm by means of a lancet, and applied them to a prominent part of the wound. Some days afterwards a new graft was formed by depositing on the surface of the wound epidermic particles obtained by scraping the cutaneous surface of the arm with a lancet. The same day, M. Reverdin, an *interne*, who is the inventor of this form of grafting, applied to the wound several small epidermic shreds taken from the leg and kept *in situ* by a strip of diachylon. In a day or two these different grafts had taken hold, and soon after the epidermic islets extended and united, so as to produce cicatrization over a notable portion of the wound. The process of proliferation of epiderm cells replaces that of suppuration at the points invaded by the islet so that the process of healing is considerably expedited."

NEW LARYNGEAL FORCEPS FOR FOREIGN BODIES.

It is always a great desideratum to get good instruments with the proper curves and leverage, as well as suitable grasping power, to operate in the various external passages of the body, such as the œsophagus, larynx, nares, etc.

With regard to the larynx and œsophagus the joint of the forceps has never been heretofore placed at the proper point in any of the former instruments that we have seen. Here, however, is a laryngeal forceps for removing foreign bodies lodged anywhere in the throat within reach that appears to excel all other yet brought

out (see Fig. A.) You here see the instrument in full, closed. Then you have a view of the jaws opened, and the dilation of the curved part of the forceps amounts to but little, and this is owing to the point at which the pivot is located. One of the jaws is also shown in order to see the roughened inner or grasping surface. A look at the cut will explain at once the mode of applying the instrument. Introduce the forceps closed into the mouth and when they have reached down near the spot where the foreign body is lodged, open the jaws widely, and press them on beyond the object, and when quite certain that the blades can grasp it fully, close the jaws of the instrument, and carefully withdraw it, and with gentleness, so that the parts are not scratched with the foreign body should it be pointed or sharp. Chips of bone from meat, fish bones, pins, needles and many other articles of this kind can readily be removed with this instrument from the throat.



A precaution to Surgeons.—They should never administer an anæsthetic to a patient, especially a female, unless a third person who is disinterested, or on friendly terms with the operator, is present. Some years ago in Philadelphia, an eminent dentist had a long law suit entailed on him, and with considerable loss of moral reputation, owing to the affidavit of a female whom he etherized to extract some teeth, she believing on becoming conscious, that the hallucinations she had experienced while under anæsthesia were really true.

Recently in England a surgeon was charged by a woman with having feloniously assaulted her while chloroformed, and when brought before Court he could not adduce evidence against the charge, while the jury were disposed to believe the statement of the female.

Again, in case the patient should suddenly die, what evidence have you to offset the charge of murder on the part of such a patient's relatives and friends if you should be found alone with the deceased.

Clinical Observations.

W. S. SEARLE, A. M. M. D., BROOKLYN, N. Y., EDITOR.

A FEW WORDS FROM THE CLINICAL EDITOR.

We desire more clinical matter from our readers during the coming year, and we want that of the right stamp.

When we took charge of this department of our journal, the general editor sent on a mass of clinical matter to be prepared for the press, which gave us great hope that our chair would prove the "easy chair" of the *Observer*. But instead of the easy chair of an observer, it has become so stiff backed and bare that it is uncomfortable, and we fear our department has in consequence had altogether to Searle-y an air. We beseech our friends for a little paper stuffing.

What is the matter? Have our colleagues stopped curing their cases? We think not. Are they dissatisfied with the manner in which we have conducted this department? We hope not. True we have abbreviated, and re-arranged the cases sent to us for publication. In fact, this work is often absolutely necessary. What with poor chirography, hasty composition, and redundant matter, few cases as they reach us are fit for the printer, and often they must be entirely re-written. In this labor we endeavor to act courteously and fairly, but if any is offended, let him speak.

Clinical records are desirable, chiefly, on two grounds. *First*, and most important, as confirming and illustrating the *Materia Medica*. And *secondly*, as empirical guides in the treatment of disease.

Now, in order that they may subserve these purposes, they should be written clearly and concisely, and should state the symptoms fully, especially these upon which the prescription is based. Suppose we should receive a case like this—A. B. æt 21 was seized with a violent chill and subsequent fever, accom-

panied with frequent stools of bloody mucus, which were associated with violent colic and tenesums; Acon. and Merc. cor. were prescribed, and recovery was almost immediate. Now of what earthly use is such a case as that. One might as well say, I cured a case of dysentery with Acon. and Merc. cor. This is not pure ridicule. Such cases not seldom find their way to the editor's waste basket. They neither give the distinctive symptoms, the dose, nor the frequency of repetition. The diagnostic symptoms of a disease—the central symptoms, as they may be termed, are of very little use, for they belong equally to a large class of remedies. The more remote, peripheric symptoms are those which diagnose the remedy in each case. *First* in order, the modalities should come in; as whether the tenesmus occurred before, during, or after the stool: the color, consistence, odor of the stools; the conditions of alleviation and aggravation. *Second*, more remote, and often most decisive, come both objective and subjective symptoms which have nothing to do with dysentery as dysentery, and may equally occur in any form of disease, but which are the very turning point as to the remedy indicated and curative. Such, for instance, are the smooth, red, varnished-like tongue of Kali bich. and Lach., the restlessness, anguish and peculiar thirst of Ars., the sudden uncontrollable stool of Aloes and Sulphur; the icy coldness in the stomach of Colch. etc. etc., Such symptoms, which individualize each case of dysentery and render our peculiar homœopathic mode of prescription at once so certainly curative, and so different from the routine of a school that squirts laudanum and starch injections into every inflamed rectum; such symptoms, I say, are the most useful both as confirming our Materia Medica, and as affording to the young practitioner a guide and a help in the treatment of disease.

In this light the folly appears of filling our pages with half-told cases, where remedy after remedy is poured in alternately or in rapid succession. That too many of us from ignorance, anxiety, or carelessness, treat cases in that way is most true. That the patient gets well because of the medicines thus given, may doubtless also be true. But the narration of cases of this kind can serve neither of the purposes above mentioned, and hence should be banished from the pages of our journals to the limbo of perhaps pardonable ignorance, where they properly belong.

As to the remarks in which we have sometimes indulged by

way of postscript to our cases, we have only to say that we propose to *edit* this department and make the most out of the cases therein recorded. We have the vanity to think this the way in which the thing should be done. And though we shall doubtless often fail in making the best comments possible, we shall continue to do our "level best" in that line, candidly, impartially and fearlessly while we sit in this editorial chair. And now we conclude, as we began, with an earnest appeal to our readers for help in making this department of the *Observer* what it may and should be, during the coming year.

W. S. SEARLE, *Clinical Editor*.

Deafness.—One of our correspondents writes: "During the many years, in which I have been a subscriber to the *Observer*, I have in vain looked for any serviceable direction to those who are afflicted with deafness. Why the ear should not receive more attention, I cannot conceive. I know several persons who are troubled as I am by constant roaring in the ears: dryness of cerumen; hearing good in the presence of much noise; eustachian tube obstructed on left side; worse after taking cold; deafness gradually increasing; mother and brothers similarly affected."

Our friend's case is evidently chronic catarrhal deafness, and we fear there is little hope for him. Is there no scrofula nor skin disease (repelled) at the bottom of this family complaint? We have very few ear specialists, and the ear symptoms of our *Materia Medica* are but poorly worked out, and little understood. We would refer our friend to the only M. D. we know who makes this branch a speciality, viz: Dr. H. C. Houghton, Ophthalmic Hospital, corner 28th street and 4th avenue, N. Y. City.

Will not Dr. H. or some one else give us ear cases occasionally?

W. S. S.

COCCYODYNIA.

BY W. S. SEARLE, M. D., BROOKLYN, N. Y.

Among the minor disorders, of female humanity especially, perhaps none is more harassing than this. Patients frequently appear who complain that while attempting to sit down, rising to stand, making any effort, particularly to defecate, they experience severe pain in the region of the coccyx. Often this is so

severe as almost to prohibit exertion. At this moment, I have a case of spinal hyperæsthesia in a young lady who has been nearly bed-ridden for two years, and whose chief complaint is of pain in the coccygeal region which precludes motion in walking, and yet keeps her restless in bed. Generally the most pain is felt in attempting to rise from a low seat, and to accomplish this the sufferer must aid herself by the hands placed upon chairs by her side, or be aided by others.

This condition of affairs often lasts for years, but is generally fugitive and occasional.

It is possible to confound it with only two other complaints—hæmorrhoids and fissure of the anus, and a careful examination will prevent mistake.

This affection was first described by Profs. Simpson and Scanzoni in 1861, and more lately by Thomas, in his work on Diseases of Females.

Its seat is doubtless in the fibrous tissues surrounding the coccyx, and as this bone serves as a point of attachment for several of the ligaments and muscles which are concerned in the movements above referred to, pain is experienced when motion is attempted.

From the character of the pain, its seat, the course of the disease, etc., we infer that the affection is neuralgic or rheumatico-neuralgic in its nature.

Its causes are thus enumerated: parturition; delivery by forceps; falls or blows upon the coccyx; cold; exercise on horseback.

Treatment.—The physiological school advise that the part should be blistered and morphia applied. Should this not effect a cure, Simpson proposes that the attachments of the ligaments and muscles to the coccyx should be sub-cutaneously severed by the knife; and if this fail, “as it may do,” that the bone should be amputated.

Most lame and impotent conclusion for a lame and impotent disease! Methinks there are few but would rather submit their case to the higher “Divinity that shapes our ends,” than be *curtailed* by a Simpson or a Thomas.

But does homœopathy afford hope or certainty of better results from milder means.

There is nothing in our clinical records, nor in our works on

practice, so far as I can discover, regarding the treatment of this affection. And it is in the hope that cases of cure may be elicited from the profession, that I have written this sketch as well as dug up from our *materia medica* the means which are likely to afford help from in troublesome complaint.

We will first mention those remedies which manifest the most marked action upon the coccygeal region, and afterward take up those in which the relation is less plainly seen.

Belladonna.—The ischia feel sore, as if there were no flesh on them; yet she feels better when sitting on something hard than on cushions. Intense crampy pain in the small of the back and the os coccygis. He can sit only a short time. Sitting makes him stiff and unable to rise again from pain. Cannot lie down well; wakes often at night, and has to shift his position; unable to lie at all upon the back, and is most relieved by standing or walking slowly.

Causticum.—Dull, drawing pain in the region of the coccyx. Darting pain in the coccyx. Pain as from bruises in the coccyx. Every movement of the body gives a pain in the small of the back. Pinching, crampy pain in the lumbar region and buttocks.

Carbo animalis.—Pain in the coccyx, which becomes a burning pain when the parts are touched. Pressing, bearing down pain in the coccyx as if the part were bruised. Pain as from sub-cutaneous ulceration in this region, mostly when sitting or lying down. Pressing, drawing or stiffness in the lumbar region, as if the back were broken.

Thuja.—Painful drawing in the sacrum and coccyx and in the thighs when sitting. After having been seated awhile, the drawing hinders standing erect. Sudden cramp-like pain in the lumbar region after long standing, and then attempting to walk. It seems as if he would fall.

These four remedies seem to affect this region more powerfully than any others. Of less characteristic remedies, we find the following:

Cannabis sat.—Pressure, as if with a sharp point on the coccyx. Pain in the middle of the back as if it were being pinched, the pain gradually extending toward the abdomen.

Cantharis.—Lancinations and tearings in the coccyx, causing him to start.

Cicuta.—Tearing, jerking in the coccyx.

Cistus canadensis.—A burning, bruised pain in the coccyx.

Drosera.—Itching stitch in the coccyx when sitting.

Graphites.—Dull drawing in the coccyx in the evening. Violent itching of the coccygeal region, the part being moist with scurfy formations.

Gummi gutti.—Repeated gnawing in the coccyx.

Kali c.—Violent gnawing in the coccyx both when at rest and in motion.

This remedy has many back symptoms, and may be frequently indicated, but the above is the only symptom recorded including the coccyx.

Kali hydriod.—Pain in the coccyx as from a fall.

Kreasote.—Drawing pains along the the coccyx down to the rectum and vagina, where a spasmodic, contractive pain is felt. Better when rising from her seat. Subsequent milky leucorrhœa.

Lachesis.—Continual pain in the sacrum and coccyx. Drawing pain, or as if sprained, in the small of the back, hindering motion.

Lactuca.—Pain, as if in the spinal marrow extending through the coccyx.

Magnesia.—Sudden, piercing pain in the coccyx; sudden, violent, concussive, tearing, stitching pain in this region as if the spine were bent back.

Mercurius.—Tearing pain in the coccyx relieved by pressing the hand against the abdomen. Pain in the sacrum, as if one had been lying on too hard a couch. Pricking, itching in the sacrum when walking.

Muriatic ac.—Drawing burning along the back, beginning at the coccyx, as if under the skin. Burning stitch in the sacrum, causing one to start.

Paris quad.—Tearing in the coccyx when sitting. Pulsative stitches in the coccyx.

Petroleum.—Pain in coccyx while sitting. Great uneasiness and stiffness in the small of the back and coccyx in the evening.

Phosphorus.—Pain in the coccyx as if ulcerated, hindering motion, and followed by painful stiffness in the nape of the neck.

Phos. ac.—Itching stitch in the coccyx. Fine stitches in the coccyx and sternum.

Platina.—Numb feeling in the coccyx as from a blow.

Ruta.—Pain extending from the coccyx to the sacrum, as if caused by a bruise.

Valeriana.—Bubbling pressure above the anus in the region of the coccyx.

Zincum.—Pain in the coccyx, sometimes a pushing-aching and sometimes pinching. Lancination in the sacrum, pressure, tension and weakness in the lumbar and sacral region, cracking in the back when walking.

Tuberculosis and Cancer.—The correlation of these diseases has been for some time past the object of anxious thought on the part of medical men. Facts have so distinctly obtruded themselves on the attention of observers that the mere collection of cases will go far to establish a relationship between tuberculosis and cancer. Among the most intelligent physicians who have clinically studied the subject is Dr. Burdel, of Vierzon in France. On the 17th of May last he read a paper before the Academy of Medicine of Paris, in which he stated that the diseases have been observed in more than one hundred families, both by the author and his father, to whose practice he has succeeded. It was found that parents effected with cancer had children who presented the tubercular diathesis. Dr. Burdel's memoir is remarkable; not only for the care with the statistics which were collected, but also for the sober manner in which theorizing is attempted. The facts speak so forcibly that the profession cannot fail to be struck by them. It would be well if one of our societies would next winter appoint a committee to receive reports from medical men all over the country, respecting their experience on this important subject.—*Lancet*.

Cholera in Southern India.—*Medical Record* says: The year 1866 was one of the very general distribution of cholera throughout the Madras Presidency. Out of a total of 586,228 deaths in the civil population, 197,955 were due to cholera, giving a proportion of cholera mortality of rather more than 35 per cent. of the whole.

The proportion of cholera mortality in the European army was a little more than 12 per cent. of the whole; of the native army, 27 per cent of the whole deaths.

HEADACHES.

From the standpoint of a subjective symptom.

BY W. S. SEARLE, M. D.

In the treatment of disease the homœopath is not uncommonly led to the curative remedy by subjective symptoms solely, and perhaps this happens more often in prescribing for the protean malady we have mentioned than for any other. In no disease do we derive less help from pathology and its nosological subdivisions; in none are we so utterly dependent upon phenomena—their relations and modalities. Especially is this true of chronic headache, and precisely because we possess a clue to lead us through the labyrinth of symptoms which cluster so thickly around this noblest organ of our frame, are we more successful than our colleagues of the physiological school in our treatment of disorders of the brain.

It has, of late, been our good or ill fortune to treat several cases, in which one of the most prominent of these subjective phenomena was "*a sensation of coldness about the head.*" And we write down the results of our study of the *Materia Medica* from the stand-point of this symptom, not because they afford anything new or original, but simply that they may save some busy practitioner the labor of a similar compilation for himself.

True, our Repertories, especially the large one accompanying the *Symptomen Codex*, are somewhat full upon this head, but they do not exhaust the list of remedies possessing this symptom, and moreover this large repertory is in the hands of comparatively few of our practitioners.

We do not aim at giving all the varieties of headache curable by any remedy, and through ignorance or inadvertence, we may omit many symptoms which are related to, or properly associated with, that already named, but we shall at least indicate to the worker where to dig in the mine that he may find the elixir of life for many a weary invalid.

Agaricus.—Icy coldness in the scalp after itching and scratching, (Arsen. reverse.) Pains as though sharp ice touched the head or cold needles ran through it. (Arsenic has hot needles.)

Sensation as of a nail thrust into the right side of the head.

Drawing pain in the morning extending from the forehead to

the root of the nose with epistaxis or great discharge of thick nasal mucus, followed by dropping of water from the nose.

In the headaches of those suffering from spinal irritation, nervous twitchings, and great uneasiness and weakness in the spine.

Arnica.—Sensation on the forehead, as if touched with a cold finger end.

Cutting pain through the head, as from a knife, followed by a sensation of coldness.

Coldness changing to heat or co-existing with it.

The pains in general, are aching and darting, mostly in the forehead, and are aggravated by shocks, motions, etc.

Arsenicum.—Paroxysms of excessively painful hemicrania with great weakness and icy cold feeling in the scalp, followed by itching. (*Agaricus* reverse.)

Tightness, heaviness, pressure, confusion, dullness and loss of memory. Anguish, restlessness and fear of death.

The pains are worse after eating, better at first by cold applications, but worse on their being removed.

The patient must move his head to and fro, toss his feet and hands about, is bloated, chilly and relieved by the warmth of a fire.

Asarum.—Cold feeling at a small spot on the left side of the head a few inches above the ear. Pain as from contraction in the forehead, temples and behind the ears, with watering and burning of the eyes, worse about 5 P. M.

Belladonna is one of the two main remedies that produce a sensation of cold in the brain. *Calcarea* is its congener here, and *Phosphorus* has a similar condition, less plainly marked.

In *Belladonna* this sensation is located in the centre of the forehead or temples, while under *Calcarea* it is more generally diffused, under *Phosphorus* the location is in the occiput or left side of the head. The collateral symptoms for *Bell.* are too well known to need repetition here.

Berberis.—Coldness in the temporal region. (*Bell.*)

Baryta c.—Right side of head feels icy cold to the hand, but burning to himself.

Calcarea c.—Icy coldness in and about the brain. Internal and external sensation of coldness of various parts of the head

as if a piece of ice were lying against it, with pale puffed face. (Verat.)

There are fullness, heaviness or throbbing sensations, worse from mental exertion, stooping or walking in the open air. Better from closing the eyes and lying down. (Verat. reverse.)

Sweat on the back of the head and neck in the evening. Menses too soon, too profuse and too long.

Principally of use in the chronic headaches of torpid, scrofulous constitutions, with pale face, rather fair complexion, and a disposition to corpulence.

Cannabis sat.—Cold sensation at a small place on the parietal bone, and afterward, on other places, as if a drop of cold water had fallen upon it (Crocus.) Heavy weight on the vertex. Great fatigue after slight exertion, sleepiness during the day, and sleeplessness at night from heat. He feels as if hot water were poured over him.

Chelidonium.—Sensation of cold about the occiput rising from the neck. (Dulc.) Weight and pressure in this region. The occiput seems fastened to the pillow, and the head must be lifted with the hand. Drawing pains from vertex down the neck.

Conium.—Sense of numbness and coldness on one side of the head.

Crocus.—Sudden cold sensation on the left parietal bone, as if a drop of cold water had fallen on it. (Cannabis.)

Acute tearing pain in the head and right eye, with dimness of vision, and a sensation as if cold air were rushing through the eye. When moving the head, sensation as if the brain were tottering to and fro. Great and alternate nervous exaltation and depression.

Dulcamara.—Chilliness in the cerebellum and over the back, returning every evening. (Chelidon.) Sensation of enlargement of the cerebellum and whole head. Worse in cold, damp weather, until midnight, better when lying down.

Gratiola.—Frequent feeling of coldness on the vertex, painful, and changing to a feeling of warmth when moving the head. In headaches attended with a peculiar biting burning in the face and other parts, languor in arms and legs, nausea, disgust for food, vertigo, better in the open air. Peculiar coldness in and on the head, and in the stomach and abdomen.

Gummi gutti.—Sensation of great coldness in left temple, as if occasioned by a wet, cold cloth,—in the afternoon.

Hypericum.—Sensation in the forehead as if touched by an icy cold hand—in the afternoon—after which a spasmodic contraction is felt in the right eye. Curling sensation on the vertex. Confused sensation in the vertex with buzzing sensation at night, as if something living were in the brain.

Kali hydriod.—Pain in the vertex as if it would be dashed to pieces, with chilliness of that part of the head, although the scalp feels hot. The chilliness is relieved by external warmth. (The foregoing symptoms recurred for many days.) The scalp feels as if ulcerated when scratching it.

Laurocerasus.—Sensation of icy coldness on the vertex, as from cold wind, then in the forehead and nape of the neck extending to the small of the back, after which all the pains in the head disappear. Worse in warm room; better in open air. Stupefying pain in the whole head. Sensation of looseness of the brain, as if it were falling into the forehead, when stooping, without pain.

Lobelia.—Chilliness of left side of the head, with feeling as if the hair would rise on end. Dull, heavy pain passing around the forehead from one temple to the other, just above the eyebrows. Vertigo and deadly nausea.

Manganum.—Cold feeling at a small spot on the vertex.

Moschus.—Aching pain in the head with coldness as from cold poultices. The pains are compressive and stupefying, in the forehead or back of the head and neck. Better in open air, worse in the evening, on motion, and in the warm room.

Natrum mur.—Cold sensation on the vertex, and painful sensitiveness of the scalp with spasm of the eyelids.

Petroleum.—Sensation as of a cold breeze blowing on the head. Head feels numb as if made of wood, or as if bruised.

Phosphorus.—Cold crampy pain on the whole left side of the head; sensation of coldness in the cerebellum with sensation of stiffness in the brain.

Sabadilla.—Heat in the forehead followed by coldness of scalp, even the hairs feel cold to the hand, as if cold water had been poured over the scalp. The Sabadilla headache is more violent when intently reading or reflecting.

Sepia.—Coldness on the vertex, worse from moving the head and stooping, better when at rest, and in the open air. Dulness of head, sick headache with boring pain, forcing one to cry out, and with vomiting. Throbbing, most violent in the occiput, aggravated by warmth, alleviated by sleep. Most commonly indicated in inhibitory paresis of the cerebral vaso-motors from uterine irritation.

Sulphur.—Feeling of coldness about the head, a cold spot on the vertex continually; nightly headaches, with sleeplessness; heaviness in the occiput; piercing pains with buzzing in the ears; throbbing bursting pains in the vertex; better in warm room.

Strontia carb.—Chilliness over scalp and upper back (Dulc. and Chelidon.) worse at night and in cold air.

Valeriana.—Sensation of icy coldness in vertex when pressing it firmly with the hand.

Veratrum a.—Sensation of warmth and coldness at the same time on the scalp, the hairs being sensitive. Chilly on the top of the head, and at the same time about the feet; sensation as of piece of ice on the head (Calc.) cold sweat on the forehead; nausea, vomiting, stiffness of the neck and profuse micturition; weakness and faintness; pains worse when rising up or lying down.

These, I believe, are all the remedies which in any marked degree produce a sense of coldness about and in the head. It is not a little remarkable that the peculiar developments and concomitants of this symptom are so well defined under most, if not all of them, as to render mistake in proper selection quite unlikely.

Can any of our pathologists read the riddle of this symptom from their standpoint? We confess our inability to do so. Doubtless it is a purely nervous symptom, but that affords us no help in its practical use. We are reduced to the necessity of regarding it as merely a subjective symptom—a valuable one often to the homœopath, but, to all others an idle tale. It is seldom associated with an actual decrease in the temperature of the scalp although, in the case of *Veratrum*, and perhaps other of the remedies mentioned, it may be. Sometimes it coincides with actual hyperæmia. It is connected equally with the congestive headache of *Belladonna*, the anæmic ones of *Arsen.* and *Verat.* and with the hysteric phenomena of *Moschus* and *Valer-*

iana. Truly, it is a riddle to the physiological school, but how great a help to the follower of Hahnemann!

Will not some of our readers give us some cases in which this symptom is prominent?

Malignant Diseases of the Uterus. — *Medical Record* says: We glean from Prof. Fodyce Baker's monograph on "Some Clinical Observations on the Malignant Diseases of the Uterus" the following facts: It is, relatively, as often met with in the country as the city. There were in England from 1838 to 1842, 3,000 deaths from cancer of the uterus. In France, in the department of the Seine, from 1830 to 1835, they were 2,480 deaths from the same cause. From the mortuary records of New York City, there were 413 deaths from cancer of uterus in the ten years ending Dec. 31, 1865. There were 298 deaths during the three succeeding years, and the first nine months of 1869.

The Parisian mortality from this cause exceeded that of New York in the proportion of 413 to 79 annually in the years compared.

The African race are comparatively exempt from the disease.

His record of the comparative frequency of the forms of malignant disease is as follows: Cancer of the uterus, 487; Cauliflower excrescence, 18; Corroding ulcer, 9; Recurrent fibroid, 3.

Chloroform in Parturition.—Editors *Medical Record* say: When chloroform is used in parturition, beyond the stage at which it produces simple drunkenness, and indifference to pain, Rev. Samuel Haughton, M. D., D.C.L. (*The Dub. Quar. Jour. Med. Science*), affirms it is positively injurious; for it destroys the action of the voluntary abdominal muscles which constitute the chief part of the force employed in difficult labors. Hence the muscular tissue of the uterus is left to overcome an obstacle beyond its strength, and without the aid that nature intended to be given by the abdominal muscles. The result is that labor ceases until consciousness returns, and enables the ill-treated woman to avail herself of the apparatus of abdominal muscles provided by nature for her use.

In these remarks he confines himself altogether to the physical aspect of the use of chloroform in labor; and forbears to express an opinion as to the moral effects likely to be produced by the exhibition of an intoxicating agent, administered merely for the luxurious purpose of deadening the pain of the exercise of a purely natural physiological function.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL. EDITOR.

LILIUM TIGRINUM.

BY E. M. HALE, M. D.

The honor of introducing this remedy into our materia medica, is due to Dr. W. E. Payne, of Bath, Maine. Owing to his enthusiastic and industrious efforts, several provings of great value have been made. These provings are superior to nearly all our previous provings from the fact that the objective symptoms were noted, and certain pathological conditions recognized beyond controversy.

The sphere of action of *Lilium* appears to involve the *heart*, and the *sexual organs*, and it affects these organs in a profound and peculiar manner. The high character of all the provers, and those who vouch for them, affords the strongest guarantee of their genuineness.

The *tincture of the flowers*, is the officinal preparation, but the tincture of the seeds may be more potent. The bulbous root is probably not medicinal, being eaten by the natives of China and Japan, where the plant is indigenous.

The following is a collection of the most notable symptoms obtained up to this time, excepting however, a large number which will appear in the complete *resumé* in the transactions of the American Institute for 1870. (See report of the Materia Medica Bureau.)

MENTAL SPHERE.

Do not care to be pleased ; don't care to talk ; desire to sleep ; confusion of ideas ; pressure and crazy feeling upon the vertex, so that she cannot write her symptoms (vv ;) she wants somebody to

talk to her and entertain her; feels quite nervous; feels hurried and yet incapable as if she had a great deal to do and cannot do it; much thirst; drinks often, and much at a time; she is conscious of feeling nervous, irritable, and yet says she feels jolly; don't want to complain, and yet don't avoid people; she remarks that her symptoms are all worse when she gives up active resistance to them and control over herself, as for example, when she sits down to rest or tries to go to sleep; discouraged and despondent; averse to being alone but does not dread it; wits and intuitions dull and languid; depression; desire for fine things of every kind; dissatisfied with what she has, and envious of others; while attending a lecture desire to strike the lecturer and in the evening a disposition to swear at every body and every thing, and to think and speak of obscene things; languid, dull, and forgetful despondency with aggravation at night; nervous tremulousness and inability to apply the mind; wild feeling in the head as though she would go crazy and no one would take care of her; thoughts of suicide.

HEAD.

Heat and pain in forehead and brow; severe blinding headache in the anterior part of the head; the peculiarity of which was a sensation as if all the blood were pressing out through every aperture; headache as if the head were too full of blood, as if the blood would issue from nose and ears (vv;) pressure from within outwards, (vv;) darting pains in different parts of the head; grumbling pain in the right side of head and teeth; the head grows "wild" after she has been quiet a short time; pressure and a crazy feeling upon the vertex, so that she cannot write her symptoms, dull and sharp pains particularly over the eyes; the pains etc of the head are heaviness, heat, fulness, dullness, right side mostly affected.

EYES.

Dimness of sight (v.)

MOUTH AND THROAT.

Much thirst; drinks often, and much at a time; nausea.

STOMACH.

Eructations soon after taking the medicine; nausea with desire to vomit, but unable to do so (vvv;) bubbling sensation in the right hypochondrium; constant desire to vomit, with frequent

hawking of mucus from the throat; great distention of the stomach, with frequent eructations and escape of flatus from the anus (vv;) (escape of flatus upward and downward was a very constant attendant while under the influence of the drug.)

ABDOMEN AND GENITAL ORGANS.

At intervals the skin of the abdomen felt stiff and stretched; nausea with bloated sensation in the abdomen, particularly across the hips and in the region of the *uterus* with darting pains in different parts of the head; some tearing pain in the lower part of the abdomen from the region of the *ovary* down both sides; pain in the right iliac region, better during motion; increased depressing weight over the pubes, worse in evening; the dragging downwards towards pelvis is felt as high as the stomach and even the shoulders; not relieved by lying down; though worse when standing; a disposition to place the hand upon the hypogastrium and press upwards in order to relieve the dragging sensation; wants to cry from a feeling of irritation and of something wrong in the abdomen and pelvis; a sensation in the pelvis as though everything was coming into the world through the *vagina* (vv;) a very distressing sensation, not relieved by change of position; also, an aching and pressure across the lumbar-sacral region and some pressure on the rectum; when walking, pain in both *ovaries*, worse in the left, extending down the anterior and inner aspect of the left thigh, as if it would be impossible to take another step; as soon as she extended the limb she must immediately flex it again, and then, because of a restless discomfort, must again extend it; she cannot tell which pelvic pain is the worse, that in back, or that in the pubic region; the whole contents of the pelvis seem to drag downwards and forwards and quite from the epigastric region; feels bloated but is not so; somewhat tender on pressure in region of the *ovaries* especially the right; aching in the pelvis between promontory of sacrum and pubes; it feels to her as if the aching was not in the *uterus* but around it; she feels constantly the two spots corresponding to the *ovaries* and which ache and feel like coals of fire; in the pelvis a feeling like a dragging out, as if the whole contents were pushing down into a funnel, the outlet of which coincided with the *vagina* (vv;) pain in the right *ovary* as if a knife were inserted into the *ovary* and ripped down the groin and the anterior part of the thigh; the pain extended over the lumbar-sacral region, and she

must cry herself to sleep; somewhat relieved by pressure on the ovarian region; *menses* occurred at the regular day and normal, but *only while she keeps moving*; the flow ceases when she becomes quiet; *sexual* instincts, formerly dormant are now quite strong; wits and intuitions dull and languid; *leucorrhœa*, (a thin acrid discharge leaving a brown stain; she never had it before) (vv;) burning pain across the hypogastrium from groin to groin; *menses* recurred after an interval of two weeks; a slight dark, thick and offensive discharge; pressing down in the pelvis and burning all around the pubes and *genitals* worse from 3 to 5 P. M. (v;) rumbling in the lower part of the bowels, more on the right side (vvv;) abdomen tender to pressure occasionally.

RECTUM AND STOOL.

Her bowels had been regular, but now she has alternately a solid and a loose stool, several during the day, and a constant feeling as though she must have a stool; this feeling resulting from a sensation as if something were pressing against the anterior wall of the rectum, at the anus, and about one to three inches above it; for 36 hours constant desire for stool from pressure on the rectum—a stool every half hour, lumpy, diarrhœic, with flatus, constant tenesmus, with burning in the urethra; diarrhœa in the morning; evacuations dark and hard, followed by heat in the rectum and anus, with slight pains in the abdomen.

GENERATIVE ORGANS.

[See "Abdomen and Genital Organs."]

URINE.

Frequent desire to urinate; worse during the day, weak, scanty discharge followed by an acrid sensation in the urethra; tenesmus, resulting in passage of a little urine only; urine foetid.

CHEST AND HEART.

Pain through the heart to the back, and a feeling as if the heart were squeezed in a vice; short of breath, especially on going up stairs; heaviness in region of heart, and palpitation when lying on left side, worse when in bed—at night; heart's action intermittent—every intermission was followed by a violent throb, (vv.) causing an involuntary catching of the breath, at the same time the blood rushed up through the carotids to the head, producing great heat, and a crowded feeling of the head and face;

pain about the heart was dull and pressive; pain in the heart interrupted its pulsations and breathing; constant heavy feeling in left side in region of the heart.

BACK.

Dull pain in lower back and sacrum(vv); constant pain between the hips (vv); cold feeling in the back, as of cold water poured down the back (vv); pain in the back (vv); pain in sacrum (vv); pain in lumbar regions (vv); dull, occasional, shooting pains across small of back(vv); dull, heavy pain and great weakness in small of back and loins.

EXTREMITIES.

During the night, a feeling in all the extremities as if the blood were pushed outward; restlessness; heat and pain in the forehead and brow(v); pain extending down the anterior and inner aspect of the left thigh; cutting pain in the left mammary gland, with aching beginning below the nipple, deep in the breast as though between the gland and ribs, and extending around that side to the spine, seeming to press under the lower end of scapula, coming on after retiring and worse when lying on the affected side.

OBSERVATIONS.

Dr. Carroll Dunham, writing of this medicine in the last November number of the *North American Journal*, makes the following excellent remarks concerning Lilium, an analysis of its peculiarities and analogues.

“When taken in moderate doses the effects are not immediate. Days elapse before unmistakable symptoms of the drug action appear. But the effects are very persistent, as the record of every prover shows.

They tend, moreover, to recur at longer or shorter intervals, and in groups which preserve a definite order.

One prover reports a third occurrence of a group of symptoms nearly two months after the last dose of Lilium.

In male provers the same recurrence of symptoms in definite groups has been observed, with an interval of comparative freedom from symptoms.

The simultaneous observation of these peculiarities in provers residing far from each other, and not known to each other, precludes any doubt of its genuineness.

Of the symptoms observed by women, as well as men, the effects on the mind are noteworthy, and are of two varieties:

First, as noticed by Dr. Payne, anxiety and apprehension that an incurable disease exists or is impending, and this produces despondency. Second, as exhibited most decidedly in one prover, though less pronounced in several others, a consciousness of an unnatural state of mind and feeling, which at last develops into an exalted condition in which the prover is disposed to find fault with persons and things, to exaggerate her own importance and excellence, and look down upon others; conjoined with this is an exaltation of the sexual instincts. In several provers this state of things has resulted in hysterical paroxysms.

In one prover it assumed such marked proportions that I was constrained to put an end to it by administering Platina, the indications for which are evident from the mental symptoms. Intellectual activity is impaired in both men and women. Both have complained of the feeling of hurry and restlessness, which was so well described by one of the provers.

The most striking symptoms, and those most widely observed, relate to the pelvic organs. They did not generally present themselves until a number of days after the proving was begun. They consist of a dragging or pulling, or forcing sensation in the pelvis, as though the entire contents of the pelvis were pulled down through the vagina, or would issue from the vulva. This sensation is not confined to the back or hips, nor again to the hypogastric region, but is described as pervading the entire pelvis. And the two provers in whom this symptom was most marked describe the dragging as coming even from the thorax, the mammary region, and the shoulders. So marked is the sensation of downward and outward pressure that the provers place the hand on the hypogastrium, or the vulva, as though to prevent protrusion. In three provers, physical inspection revealed the existence of anteversio uteri, a trouble which none of them had ever before experienced.

In this train of symptoms belong also the tenesmus of bladder and rectum, and the diarrhœa and frequent micturition. There is agreement of the provers respecting pains, burning or cutting, and tenderness in the region of the ovaries, especially of the right ovary.

The symptoms generally are worse in the afternoon and be-

fore midnight, except the diarrhœa, which seems to be a morning diarrhœa.

If now, with the light which these provings afford us, we seek to place *Lilium-tig.* in its appropriate niche in our *materia medica*, and to estimate its value by comparison with other drugs, we observe, first: The uniform occurrence, in so many provers, of pelvic symptoms, as well as the demonstration, by physical examination, of a uterine displacement, establish its *a priori* claim to rank among the remedies for prolapsus and displacement of the uterus, for catarrh of vagina and uterus, and for inflammation of the ovary. And if we run a parallel with the symptoms of other remedies we find marked peculiarities which characterize *Lilium*.

In the morning, diarrhœa coming suddenly and with tenesmus it resembles *Podophyllum*; and *Podophyllum* has, likewise, a general bearing down in the pelvis, confined, however, to the lumbo-sacral region, while the mental and moral symptoms produced by *Podophyllum* bear no resemblance to those of *Lilium*. Moreover, in so far as my own observation goes, *Podophyllum* both produces and removes these pelvic symptoms only when they occur in connection with certain symptoms of the digestive tract such as *Lilium* has no relation with.

Sepia produces, certainly, a bearing down sensation upon the lumbar region, together with dragging and even sharp pains from the region of the ovaries extending downward to the pudenda, but besides that *Sepia*, presents us no symptoms of diarrhœa and irritation of rectum and anus, and no such leucorrhœa as *Lilium*, the *condtitions* are very different.

The *Lilium* pains are aggravated in the afternoon and before midnight. They grow worse during repose and when one's mind is passive; worse, therefore, on lying down and trying to compose one's self to sleep. Whereas, on the other hand, the *Sepia* pains are worse from 9 A. M. to noon, and are relieved by repose, being aggravated by motion and occupation. The state of mind produced by the two drugs is very different. Almost the same differences exist between *Lilium* and *Pulsatilla*. *Belladonna* resembles *Lilium* in the bearing down sensation, both in the back and in the pubic region, and in the fact that there is not immediate relief from repose. But, on the other hand, *Lilium* gives no evidence of that general affection of the organism, especially

of the circulation, which accompanies every well pronounced group of Belladonna symptoms. On the contrary, under *Lilium* when the patient suffered most, nutrition and appetite were not impaired. They were even improved.

It is probable that further provings of *Helonias dioica* will show a strong analogy between it and *Lilium* as regards their action on the female organism. We know enough already to recognize a difference in the mental symptoms. *Lilium* dulls the intellect, produces a sensation of hurry with inability, and a distress based on a clearly defined apprehension of having some fatal or serious malady. *Helonias* produces profound melancholy, deep undefined depression, with sensation of soreness and weight in the womb, a "consciousness of a womb." *Platina* seems to me to present the strongest features of resemblance to *Lilium*, both in the pelvic symptoms and in at least one phase of mental symptoms, and the result of my trials with one prover, shows its power to antidote *Lilium*. But *Platina* does not present any of the symptoms of the intestinal tract which are so prominent under *Lilium*, nor are its effects on the function of menstruation similar."

To the remarks above, I will add that the heart-symptoms of *Lilium tig.* have a marked similarity with those of *Cactus grandiflorus*. When the complete provings are published, the differences can be studied.

The sources from which the above symptoms were obtained are enumerated below:

1. Provings collected by W. E. Payne, M. D., of Bath, Me., 1867-8.
2. Provings collected by L. M. Kenyon, M. D., of Buffalo, 1869.
3. Provings collected by C. Dunham, M. D., of New York, 1870.
4. Provings collected by W. E. Payne, M. D., 1870.

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK, EDITOR.

A CASE OF POISONING BY ARNICA.

A woman, between 20 and 30 years old, of good health, took February 24th, towards evening, an infusion of Arnica, because her menses failed to appear at the right time, being sure that she was not pregnant. During the night she vomited freely, had watery diarrhoea, continual inclination to stool, great pains in the stomach and extreme malaise.

Dr. Meding saw her at 9 A. M. of the 25th. She who had been formerly always well, still continued to vomit small quantities of a yellowish odorless fluid with excruciating pains. She had hardly left the water-closet during the night. Extremities and face are cool, temperature not increased, the pulse slow and small. Spontaneous pain in epigastrium, increased by pressure, the other regions of abdomen not painful to pressure.

Sub-cutaneous injections of Morphine, internally Opium and Ipecacuanha. Gradual amelioration took place.

March 1st. Menstruation set in very profusely, pains moderate, but the epigastrium remains sensitive to pressure; no appetite.

March 4th. Weakness and loss of appetite continues; she is not yet free from pains; menses continue to flow.

Patient assures us, that an infusion of Arnica is a usual popular remedy among women to accelerate a tardy menstruation. If it may also produce abortion, and if it may be used as an emmenagogue, needs further clinical demonstration.—*Schmidt's Jahrbücher*.

Dr. Buchman (A. H. Z., Oct.) considers Arnica more suitable to men than to women. Arnica is a great epidemical rem-

edy, especially indicated in congestions of blood to the head with sleepiness; epistaxis and tendency to constipation; also in idiopathic vertigo, as we find it in old people; in gastric catarrhs with eructations tasting like foul eggs; in intercostal neuralgia and against the disposition to furuncles. Influenza with epistaxis; stitches in the side and bone pains; intermittents with dark urine, thirst before and during the chills, and pains in all extremities; hooping cough, where the frequent spells of crying show a neuralgic affection, are also frequently cured by Arnica.

S. L.

TRANSMISSION OF SYPHILITIC VIRUS.

Attended Mrs. R——, in parturition, on December 22. There was nothing unusual in the labor. The child (a girl) when born was in a state of asphyxia. Inflation for about thirty minutes caused the child to breathe. On removing it to the light my eyes were attracted to something that made a very strange appearance. It was covered from the top of its head to the bottom of the feet with something that looked like pustules of small pox, each filled to its capacity. On rubbing the hand over the skin it was perfectly smooth. All this appearance was under the cuticle. I talked with the father concerning the affair, and he admitted that three times in succession he had been affected with gonorrhœa and was cured by the “allopaths.” No other cause for the phenomena could be given. In about nine months after the birth of the child, the mother died a raving maniac!

Can it be possible that the gonorrhœal poison left in the system by the “drug cure” could have produced such results?

W. W. S.

COSHOCOTON, O.

[We have in type an elaborate paper, occupying ten pages, on PANARITIUM; its consequences and treatment, by C. Hueter, Prof. in Greifswalde, translated from *Volkmann's Klinische Vorträge* by Prof. Lilienthal, for this journal, which is reserved for the February number, of which it will be the leading article. This will be followed by other articles by Prof. L., giving the best *Clinical Observations from Europe*. E. A. L.]

Colleges, Societies, etc.

Hahnemann Medical College, Opening of the Winter Term.—*Introductory Address to the Students by Prof. R. Ludlam.*—Yesterday evening the regular introductory address to the winter term of lectures at Hahnemann Medical College, the new and handsome building recently dedicated to homœopathy, on Cottage Grove avenue, near Twenty-ninth street, was delivered by Dr. R. Ludlam, the prominent physician, in the presence of the class and numerous other auditors, who were curious to hear what would be said at this turning point in the history of homœopathy in this State and the Northwest.

After some interesting preliminary remarks by Prof. A. E. Small, the President of the College, concerning its early history and growth, the new building, etc., Prof. Ludlam was introduced and delivered the introductory address, full of interest and value, and especially noteworthy for its originality and avoidance of the old ideas and hackneyed expressions which often characterize such productions. The address was substantially as follows:

When, after years of toil and privation, the pioneer removed his family from his primitive cabin to a new and comfortable home, the delight he felt was in ratio to the labour expended, and sacrifices made, to that end. He had lived to see his persevering honest effort ripen into domestic benefit and blessing. All the tender associations which took root and grew in the sacred soil of home, would soon bind him, and his children, there, as to no other place on earth. At that moment, the officers and faculty of the Hahnemann Medical College experienced a similar satisfaction. After years of faithful labor and denial they were privileged to welcome those present to this new home. But their emotions were more intensified than those of the pioneer, for it was not only a home, but an educational institution, with a noble object and comprehensive curriculum. Every stone in it was eloquent of devotion to science, and love for their species. The mortar was tempered, and the wood ingrained, with the same spirit. Within those walls his colleagues would sow the seed that was to yield a harvest of good to sick and suffering humanity.

He congratulated all present on such an auspicious occasion. Thanks to the energy and perseverance of his brethren, a new and better day had dawned for the institution. It typified the present position and future prospects of the medical profession.

Its teaching corps, its course of study, and its many advantages bespoke a profound interest in the healing art. It elevated, in Illinois, their branch of the profession to the dignity of a school of medical faith.

Of the physicians who had lived their student life, and were now practising, he had little to say. They were found every where. There were a dozen at his elbow at the moment. The doctor's face was with all men at birth and again at death. As for the coming doctor, he, too, was present in chrysalis, but not in character. The laws that applied to the futures of others applied to him. It was the old story of determination and development, will and work, of faith and opportunity.

Man was the perpetual product of two factors, his innate genius and exterior surroundings. The first when rightly applied and directed, worked marvels. It made great reforms. It killed ignorance and prejudice. Revelation, reason, experience, observation and history were the safe-guards against accidents from its excesses.

The restraining power of ideas might be salutary. It was like the hull of the seed, which served to postpone germination till the necessary conditions were supplied. Old ideas might resist decay and resist growth, but submitted to circumstances which favored development their hidden forces became active again. Until the time of Hahnemann, the idea embodied in the law of similars was embalmed in a lot of old medical rubbish. His mind supplied the requisite heat and moisture, and it could not help growing, for he was a royal gardener to a royal idea.

As circumstances modified the action and uses of gases, fluids and solids, so a man's opinions might be as varied and irreconcilable as the circumstances which had to do with his education and situation in life. The sentiments of Oliver Wendell Holmes were sparkling and acceptable concerning the affairs of society at large, while, in regard to homœopathy, they were noxious and repulsive. Thousands of physicians were scrupulous in church relations, but because their medical neighbors thought differently from them, did not hesitate to break the ninth commandment. Circumstances might influence medical sentiment, early in professional life. When men studied medicine, they naturally selected what previous experience had induced them to believe was the best system. Some of the members of the class were there at the will of parents and guardians, and some because there were those among his colleagues to whom they would rather listen than lecturers in other schools on the same subjects, and a few because they had a new and convenient college and hospital.

Such apparently trivial things exerted great influence in medical colleges everywhere. They were the pebbles that turned the course of the river of theory and practice; for the student who drifted into the class soon became indoctrinated with the denominational sentiment, of which he was to be the champion.

Hence the responsibility of those receiving, selecting, and sending students to colleges and of those who took care of them there. Much would depend with the coming doctor upon the discipline to which he was subjected in his preliminary studies, and much on the teaching received in college and hospital course.

An encouraging sign of the times was found, therefore, in the increased facilities afforded for acquiring a thorough medical education, a subject which was broader than was generally supposed. It included more than a term or so of lectures or three years of dreary vegetation in a doctor's office. Abuse did not remedy its defects—only the constant surrounding of the pupil with those influences which were best suited to the development of his powers in the direction indicated. The reference of organic development to external conditions only as preached by Darwin and Huxley, might be a little heretical; but concerning their creed doctors in particular were so hedged in by circumstances as to be as helpless as Bazaine at Metz, or Noah in his ark. Slight things might have made homœopathists of Simpson, Tessier, Andral and others. And as those changes went on, how many members of the more cultivated among old school practitioners, were almost persuaded that homœopathic remedies might be efficacious, and the popular current running the right way.

But, passively, or actively, mind had much to do with their position and preferences in medical matters. It was so easy to imitate, and think by proxy, that weighing of experience and analysis constituted the exception and not the rule. Men thought as their fathers did, since it involved time, reflection and independence to think otherwise. The majority of physicians were too negative and too indifferent. Others were more positive in professional opinions, which were better calculated to provoke than persuade. There were men opposed to change or progress, inelastic and intolerant to be found in every medical sect and school of belief. Their life was a warfare against the very conditions which should teach them better things.

Those were some of the of the obstacles in the way of the coming doctor. His position, success and usefulness hinged on himself, and his surroundings. But, strange as it seemed, he needed a peculiar capacity and genius for his calling. If nature meant him for a carpenter, twenty years might make him a passable surgeon, as young ladies practiced on the piano till they could do good "execution." If a quack, he might flourish on subterfuge for a time. If designed by nature for the law, he would be apt to prove a marplot and a breaker of medical ethics. Only resolute determination on the part of the young doctor, would drive away the lions along his path. His clinical aptitude must be sharpened. His perceptions of disease must be keen. He must have courage. In this age and country, the

young doctor sometimes developed rapidly, and, if particularly ambitious, might be rash and precipitate.

Medical history was an epitome of that of the world. The culture of the physician was a good criterion of that of the people among whom he moved. The coming doctor would have to keep himself abreast of the times, and graduate his own learning by that of his clients. He must be above and over them. What a pleasure it would afford the physician himself, to be able to spend time and thought, not in ignorance, but in a more congenial atmosphere, with those who had correct ideas of the dignity and nobility of human nature. Three generations hence people would have a better practical knowledge of anatomy, chemistry, hygiene, etc., than Galen and other old medical worthies ever thought possible, and he envied the doctor of that day the privilege of explaining to such patients the cause and cure of their diseases. Such circumstances would develop mutual confidence between physician and patient. The hero or heroine, as the case might be, would escape many of the little cares that fretted the doctor of to-day. The coming doctor would hear his office bell with a serenity now unknown. Its tone would be changed, and its voice sweet. No one would wish to escape its sound. He would bowl along the avenues of this opulent city, past the hospital, the fame of which was everywhere, but the name of which was unchanged, to make prescriptions, and to perform operations unknown to us. He would point with pride to the record of those who built that edifice, and threw open its doors to pilgrims in search of knowledge. He would rank the herd of pretenders who attach themselves like parasites, to all schools of medical belief. His culture, his capacity, his genius, his merit, would help him forward and hold him securely in the affections of the people. Whether urged by conviction, or decoyed by circumstances, into this or that line of practice, he would be charitable and tolerant, for he would "rule himself" and that would be the measure of his own intelligence.

The regular lectures of the winter term of the college were commenced by Professor Danforth.—*Report of Chicago Daily Tribune, corrected.*

Hahnemannian Society.—A meeting of the students at the N. Y. Homœopathic Medical College of New York City was held Friday evening, Nov. 11th, and a Society organized under the name of the "Hahnemannian Society," for the purpose of advancement in medical knowledge. The following gentlemen were elected officers for the ensuing year:

President—Edwin Lodge, Detroit Mich.

Vice-President—Selden H. Talcott, Waterville, N. Y.

Secretary—Isaac Miller, New Berlin N. Y.

Treasurer—P. S. Kinne, Paterson, N. J.

A committee previously appointed, consisting of Messrs.

Church, Lodge and Talcott, presented a Constitution and By-Laws which were read and adopted. Article 2d of the constitution is as follows: "The object of this Society shall be the advancement of medical knowledge among its members, by means of quizzes, papers and lectures."

Ten Professors were chosen, from the second course students, to quiz members of the society on the different branches of medicine taught in this college. The various chairs are filled by these Professors, named as below:

Surgery—G. M. Dixon.

Theory and Practice—W. C. Westlake.

Clinical Med. and Institutes—H. C. Brigham.

Materia Medica—C. A. Church.

Physiology—E. Carlton, jr.

Histology and Ophthalmic Surgery—J. E. Hartraufft.

Obstetrics—S. W. Goodrich.

Chemistry and Toxicology—O. M. Barber.

Anatomy—Geo. S. Norton.

Medical Jurisprudence and Diseases of Women—A. T. Shuman.

The new Society begins its career under bright auspices. A large number of the most active and energetic students have already enrolled themselves as members. The zeal and enthusiasm with which these have taken the matter in hand, and the worthiness of the object for which this organization was formed, augurs well for the future prosperity and success of the Hahnemannian Society.

T.

NEW YORK, Nov. 12th 1870.

Hahnemann Hospital of the City of New York.—The Ladies' Aid Society of this hospital hold their first annual ball in aid of the building fund of the hospital on Thursday evening, December 15th, 1870. The affair takes place at the *sâlons* of Delmonico, corner of Fifth avenue and Fourteenth street. At a late meeting of this society at the residence of Dr. Seeger some thirty ladies were present, all of them representing the best and most select New York society. From the reports at this meeting, (November 16, 1870), it appeared that over \$1,500, for tickets, have already been disposed of with still a month's time in which to dispose of the remaining tickets.

Hahnemann Medical College of Philadelphia.—

Cleveland Homœopathic Hospital College.—

Both these institutions are flourishing during the present sessions.

St. Louis Homœopathic College.—No report received.

The Laugh Cure.

A MERRY HEART DOETH GOOD LIKE A MEDICINE."—SOLOMON.

Cure for a Cold.—(A. D. 1430.)

Puttee your fette in hot water	Take a quart of rumm'd gruelle,
As high as your thighs ;	When in bed, as a dose,
Wrappe your head up in flannelle	With a number four dippe
As low as your eyes ;	Well tallowe your nose.

A DOSE HOMŒOPATHICAL.

From "The *Homœopathic World*, Vol 5, p. 267.

' A prescription, found somewhere in old books, I've read,
To " well tallowe the nose when you're going to bed,"
For a cold in the chest or a cold in the head.
And under this head, I may also relate,
I've seen the thing practised at no distant date.
It may have done good, I'm disposed to believe.
You're laughing ? well, first hear the reason I give :—
Ere the chandler is ready to dip in his vat,
He adds *quantum Arsenicum* to his old fat,
To give it more color, to make it keep firm,
And keep good, if need be, for a much longer term.
Then the Arsenic, smeared with the grease on the nose,
Is absorbed through the skin, as philosophy shows.
Now laugh, if you will, or e'en wrinkle your brow,
But consider the case, and in justice allow
That I've brought a fair proof, if not mathematically,
Our fathers used Arsenic homœopathically.

193 Glossop Road, Sheffield.

J. D.

Anecdotes of Chemists.—The following anecdotes are related by Sholto and Reuben Percy in their excellent collection: M. Rouelle, an eminent French chemist, was not the most cautious of operators. One day while performing some experiments, he observed to his auditors. " Gentlemen, you see this cauldron upon this brazier ; well if I were to cease stirring a single moment, an explosion would ensue which would blow us all into the air." The company had scarcely time to reflect on this comfortable piece of intelligence before he did forget to stir, and his prediction was accomplished. The explosion took place with a horrible crash ; all the windows of the laboratory were smashed to pieces, and two hundred auditors whirled away into the garden. Fortunately, no one received any serious injury, the greatest violence of the explosion having been in the direction of the chimney. The demonstrator escaped without further harm than the loss of his wig.

A professor of a Northern University, who is as remarkable for his felicity in experimenting, as Rouelle could be for his failures, was once repeating an experiment with some combustible substances when the mixture exploded, and the vial which he held in his hand blew into a hundred pieces. " Gentlemen" said the doctor to his pupils, with the most unaffected gravity, " I have made this experiment often with the very same vial, and never knew it break in my hands before !" The simplicity of this rather superfluous assurance produced a general laugh, in which the learned professor, instantly discerning the cause of it, joined most heartily.

Miscellanea.

General Editor's Vacation.—We left Detroit on Monday 17th. October and returned 9th November, traveling during our absence of 23 days 2,300 miles. We remained in the State of Georgia about two weeks. We have in type an account of the climate of the southern portion of the Blue ridge by Prof. Gatchell and, if our other labors will permit, we will print an account of our southern tour, and some references to the climate etc. of Georgia in February number.

Homœonathy Legally Decided not to be Quackery.—Mr. Justice Sutherland, of the Court of Appeals of New York in a libel suit brought by Dr. White, a homœopathic physician, against Dr. Carroll, of Amsterdam, Montgomery County, N. Y., for calling him "*a quack*" decided that "prior to 1844 only the allopathic school was recognized by the law of the State, but that in 1844 an act was passed abolishing all restrictions on the practice of medicine:

"To call a physician, whether homœopathic or allopathic, a quack is in effect charging him with a want of the necessary knowledge and training to practice the system of medicine which he undertakes to practice, and which he holds himself out as having undertaken to practice, and I do not see why it is not now, and has not been since the act of 1844, just as actionable falsely and maliciously to call a homœopathic physician a quack as to call an allopathic physician a quack. There cannot be any doubt, I think that to call either a quack is actionable, and has been since the act of 1844."

"*New York Sun*" on above decision comments very properly as follows: Of course no allopathic doctor will feel compelled to submit his private judgment to the control of the Court of Appeals, and to entertain a more favorable opinion of homœopathy than he had hitherto entertained, but the decision warned him to be careful how he expressed his opinion, if he would avoid a law suit and a verdict for damages. Still it must be satisfactory to the homœopathists to be assured that they have rights which allopathists are bound to respect, and that the shield of justice will protect them in the exercise of their profession.

Wrong Again.—The "*Medical Investigator*" p. 92 November number quotes from the *American Observer* p. 332 July 1870, where we stated that Gelseminum was useful in repercussion of the eruption of scarlatina. The dose prescribed by us was "5 drops 1st dec. dil. in 4 oz. water, a teaspoonful every quarter of an hour until the eruption appears freely, then less frequently." The whole mixture, four ounces, would contain exactly half a drop of tincture. The Investigator puts it at quarter of a drop to each teaspoonful and evidently holds up its hands in holy horror at the idea of giving a fourth of a drop of tincture of Gelseminum to little children. Every common sense reader will see that a teaspoonful of the Gelseminum solution contains about a *fiftieth* part of a drop and not quarter of a drop.

If this hyper-critical writer meant to write Baptisia when he wrote *Gels.* let him say so, and acknowledge his mistake.

The quotations made from *Observer* are not correct in other particulars.

A fourth of a drop of Baptisia is not an eclectic dose. Does the critic know that it is used by eclectics in doses from a dram to half an ounce?

When the errors above referred to are corrected we may point out others. The therapeutical critic of Investigator is C. C. Smith M. D., but he never saw this article until he received the journal containing it! Why should the Investigator continue to be the *Instigator* of misunderstandings?

E. A. L.

PERSONAL.

Nichol.—Prof. Thomas Nichol has removed from Belleville, Ontario to Montreal in the Province of Quebec, Canada.

Dr. Nichol commenced the study of Medicine with A. T. Bull M. D., at London, Canada, in the year 1854; attended three courses of lectures in the Homœopathic Medical College of Pa., at Philadelphia, where he graduated in 1857. He practiced eight years in Simcoe where three homœopathic physicians are now sustained. For six years he upheld the banner of *Similia* at Belleville where he is succeeded by Albert W. Sovereign M. D.

For four years he has been Professor of Physiology and Ethnology in Albert University.

As Editor of the department of *Diseases of Women and Children* in this journal he has given to the profession a series of elaborate papers which have received very warm commendations. During the coming year we expect that he will be able to furnish contributions for every number.

Helmuth.—Prof. W. Tod Helmuth with the Nov. and Dec., numbers of *Western Homœopathic Observer*, announces the discontinuance of that journal, at least for a time. Removal to New York is the cause. During the existence of our Western namesake it furnished the profession some of the most valuable surgical contributions which have appeared in our literature. Prof. Helmuth has the best wishes of all the editors of this journal; and we trust that his career in New York City will be brilliant and profitable.

Fish.—Dr. E. W. Fish, our late editor of chemical department has been engaged at Holly Mich., in publishing a weekly newspaper etc., in connection with Dr. Frain. Recently their store with stock worth \$1,800 insured \$1,200 was burned and they were subjected to examination on a charge of arson. We are very glad to hear that they were honorably discharged.

NECROLOGICAL.

Kramer.—C. M. Kramer M. D., of Xenia O., died on the 26th of September. The Dr. located in Xenia some 18 years ago when homœopathy was comparatively unknown in Green Co.; through bitter opposition he carried the banner of *Similia* and planted it firmly. As a physician he commanded the respect of the profession and the community, and was reaping the reward of his perseverance and skill when death closed his earthly career.

Coggeshell.—We learn from a Grand Rapids correspondent to the *Tribune*, that the widow of the late Geo. Coggeshell, Esq., a pioneer of the Grand River Valley and that city, died at the residence of her son-in-law, Dr. Hempel, November 30, aged 82. "She had resided for 35 years in the same home at Grand Rapids. She was a lineal descendant of Gov. William Bradford, of the Plymouth Colony. With her husband (deceased some years since) and family, she came here in 1835, from Bristol, Rhode Island, where the family seat was upon the aboriginal estate of the Indian King Phillip. The deceased was distinguished for the Bradford family characteristic of spotless integrity of character, and as a model gentlewoman of olden time. Her memory will be gratefully cherished by a large circle of old neighbors and friends."

We had the pleasure of meeting Mrs. C. several times at Prof. Hempel's and recall with much pleasure her great cheerfulness and, for one of fourscore and over, an unusual amount of vigor. We trust she has gone before the Great Master with the well garnered sheaves of a useful life.

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

PANARITIUM,

Its Consequences and Treatment, by C. Hueter, Prof. in Greifswald
FROM VOLKMANN'S KLINISCHE VORTRÄGE.

Panaritium, (in the strict sense of the word), is an acute inflammation, quickly tending to suppuration, with tendency to necrosis in the connective tissue, always localized, on a narrow space, in the soft parts of the volar surface of the fingers and of the hand, but in unfavorable cases producing extensive suppuration, endangering, and even destroying by its results, the functions of the fingers and of the whole hand.

According to such a definition the severity, from its very outset, and the rapid progress of the inflammation to suppuration are the characteristics of the true panaritium. The next question for us to answer is: What are the causes of panaritium, and how do these causes explain the peculiar character of the inflammation?

An essential factor in an ætiological examination of diseases is the results of statistical observation. According to such we know, that its sufferers are nearly exclusively found among the laboring classes, and among those again especially whose fingers are more frequently exposed to trifling lesions. Servants, cabinet-makers, carpenters, machinists, smiths, etc., are the trades which we find most frequently suffer from panaritias.

Youth is also more disposed to panaritias than people of more advanced age and experience has shown that the number of panaritias sometimes accumulates in certain weeks, whereas at other times hardly any are observed. Such accumulations look sometimes like epidemics and the question has been raised if a peculiar virus may not be the cause of panaritias, which Pitha* answers affirmatively. I do not feel inclined just now to enter into a discussion about it, but confess that I cannot find any basis on which to put the infectious matter of panaritium. I do not deny that there are panaritias, caused by a specific poison, especially

* Billroth & Pitha, Handbuch der Chir., Vol. IV, p. 127.

from lesions during post mortem examinations. But how small is the number of such infected panaritias in comparison with the great number we yearly witness. A cook might, perchance, become infected by beef-steaks or roast beef, but in artificers, working only in wood and metals, such an ætiology must be put in the background.

Panaritium is a traumatic inflammation ; its characteristics are based on the anatomical relations of the parts, on which the inflammation develops itself.

The sub-cutaneous connective tissue on the volar surface of the fingers and of the hand differs from the sub-cutaneous connective tissue of the dorsal surface and of the whole upper extremity by its considerable development in thickness, by its composition of short, stiff fibres of connective tissue, running, not as in all the other parts of the extremity parallel to the longitudinal axis of the extremity and connecting the skin with the fascia under very acute angles, but diving down perpendicularly in its short course from the papillary body. By such a course they nearly absolutely cause that the skin cannot move on the underlying parts, whereas on the dorsal surface of the hand and fingers, on the fore arm and upper arm we can move the skin without any difficulty for a few lines over the underlying parts. This peculiar construction of the sub-cutaneous connective tissue discloses thus the whole history of the panaritium.

According to the difference of the trauma, or the different manners by which the inflammatory irritation reaches the connective tissue, the primary origin of the inflammation will be different. A punctured wound may carry the inflammatory irritation in direct contact with the sub-cutaneous connective tissue, a contusion or a contused wound transfers the sub-cutaneous connective tissue immediately in a state of panaritial inflammation, or an acute or chronic traumatic irritation of the rete malpighi and of the papillary body, a fine fissure in the skin, or, exempli gratia, the formation of a callosity, or of a blister in the course of the finer lymph-ducts, may carry the inflammatory irritation down to the sub-cutaneous connective tissue. Thus we may have immediate inflammatory irritations of this tissue, or it may be brought about by the lymphatics, and the number of the latter exceeds in practice those of the former. But however it may have happened, we will always find the peculiar character of the inflammation. An essential characteristic is the limited localization of the initial focus of suppuration, easily explained by the stiff fibres of the sub-cutaneous connective tissue. Just as a sub-fascial suppuration penetrates only slowly through the fascia to the surface on account of the slight inclination of the firm fibres of the fascia to inflammation and ulceration, so also the short stiff fibres which surround the primary panaritial inflammatory focus offer the greatest resistance to the progress of the inflammation. We do not mean to say that the primary inflam-

matory focus keeps from day to day its primary extension, for we will soon see how it spreads, but the panaritial inflammation stands in its primary development, and during its first stage, in direct opposition to the phlegmonous inflammation. The latter extends itself from hour to hour, yea in very bad cases from minute to minute as suppurative infiltration in the meshy connective tissue, (so plentiful in the sub-cutaneous connective tissue of the extremities with the exception of the volar surface of the hand and the plantar surface of the foot), and in the peri-muscular tissue, because the inflammatory irritation finds in these long and soft fibres a formation inclined to inflammation and to suppurative dissolution, every pus-infiltrated fibre of the connective tissue produces again new phlogogonous (inflammation producing) substances, and the contact with neighboring fibres incites these again to a similar production.

The contrary takes place in the panaritium. The fibres of the subcutaneous connective tissue surround the inflammatory focus from all sides and prevent effectually its spreading. The phlogogonous substances come here in contact with formations which respond only slowly to its irritation, to suppurative infiltration and dissolution. Thus a panaritial inflammation keeps up in the beginning its character of circumscription, and maybe compared on that account with a furuncular inflammation, which, mostly originating from a sebaceous gland, runs its course in a similarly constructed connective tissue, between the stiff fibres of the papillary body. In fact, a panaritium may be called a furuncle on the volar surface of the finger.

This apparently beneficial effect of the construction of the subcutaneous connective tissue on the volar surface of the fingers becomes reversed by another effect, deleterious in every direction. This is the squeezed-in condition of the primary inflammatory focus, showing itself by important obstructions in the circulation, by necrosis of the inflamed tissues, by severe pains and relatively high fever.

If the suppuration be caused by the migration of white blood corpuscles or by a proliferation of cells, a swelling of the suppurating tissues will always go parallel with it, and such a swelling shows a marked effect on the blood-vessels and lymphatics surrounding the focus of suppuration. Its compression produces a collateral oedema, and when the compression has reached a certain height and has fully strangulated the blood-vessels, necrosis of the tissues must follow. But on account of the stiffness of the structures, surrounding the inflammatory focus, the compression of the blood-vessels will be so great, that the necrosis of the connective tissues, infiltrated with pus, will hardly ever be wanting. Only early and correct treatment may still save the structures from local death; a usual and not the most unfavorable issue of a panaritium is the exfoliation of a necrotic core of connective tissues impregnated with pus. The presence of necrotic tissue

is a further inflammatory irritation for the surrounding tissues, we see therefore extensive swelling, showing themselves mostly on such places which possess tissues, able to swell up. On the finger the soft parts of the dorsal surface swell up, although lying more distant from the inflammatory focus.

The intensity of panarital pains can be easily explained by the quantity of sensitive nerves and nerve-ends on the volar region of the fingers, by the strangulation of these nerves, taking place under the same condition as the strangulation of the blood-vessels, and finally by the gradual necrosis of the nerves, in so far as they belong to the connective tissue destroyed by necrosis.

Not every panaritium is accompanied by fever, but still we may frequently witness a febrile paroxysm in the initial state of panarital inflammation. Even a slight chill, followed by heat and sweat may precede the panaritium. Such symptoms show us again the consequences of the compressed state, in which the inflammation finds itself here from the very beginning. The quantity of fever-producing substance can only be trifling in the small inflammatory focus, and still resorption takes place in a relatively high degree, because the pyrogenous substances of the pus are under a high pressure from the moment of their formation. This pressure, exercised by the short stiff fibres of the volar sub-cutaneous connective tissue, forces the pyrogenous substance in the roots of the lymphatics, and after coming thus in the circulation they develop there these fever producing qualities. A teaspoonful of pus under the skin of the dorsal surface of the finger will hardly ever produce any fever, a few drops in the sub-cutaneous connective tissue of the volar surface suffice to raise the thermometer in the axillary pit up to 39-40 C. (104 R.)

Some rare cases of panaritium, especially when superficially situated, may stop here; the crowding forward of the suppuration, the demarcation of the inflammation, developing itself around the necrotic core, leads to the perforation of the papillary body. Some drops of pus flow in the rete malpighi and raise up the epidermis in vesicles. The small puriform vesicle breaks finally through the epidermis and a few drops of pus are evacuated. The pain now decreases and under it granulation-tissue forms, the opening in the papillary body increases on account of the continued puriform dissolution, and finally through the pressure of the granulations the necrotic core is expelled. This is the most favorable spontaneous course of a panarital inflammation, and our exertions at the right time, on the right place, will not only shorten this normal course, but will also cause such cases, which might have run unfavorably, to change such a course; only there is among the people a prejudice against cutting and they allow especially panaritium to run their mischievous course. Finally there are some exceptionable cases which will turn out malignant, although the patient and his physician have tried their utmost to prevent it.

A group of secondary manifestations in panaritial inflammation belongs to the relations between the inflammatory focus and the lymphatics, comprising the secondary lymphangitis and the erysipelas. We have already studied the conditions, under which phlogogonous substances enter the lymphatics, and the fever is the expression of this deleterious circulation. Lymphangitis and lymphadenitis are therefore frequent accompaniments of panaritium. According to the primary inflammatory irritation its advent and course will be different, giving us different varieties. The poison from a cadaver, producing a panaritium on the finger, causes usually in its passage through the lymphatic glands—more rarely through the cubital, mostly through the axillary lymphatic glands—an inflammatory swelling, which may manifest itself simultaneously with the primary local swelling on the point of infection. These swellings are the more beneficial, at least in one relation, the quicker they develop themselves to a great extent. The lymphatic circulation becomes interrupted in the swollen lymphatic glands, and thus the introduction of the poison in the circulation of the blood prevented. Most terrible are the cadaverous infections, which run their course without a lymphadenitis; here, although the swelling at the point of infection may be hardly perceivable a severe shaking chill may be the first warning, leading in a few days to a fatal result. Other irritating substances, may they be the cause or the products of a panaritial inflammation, incline more in their passage through the lymphatics to produce an irritation of its walls and a lymphatic thrombosis. There we feel, corresponding to the reddish longitudinal streaks, the firmer thrombotic cords, soon to be followed by peri-lymphangitic abscesses in the fore and upper arm. Opened at the right time they show a great and agreeable tendency to heal quickly.

Not only the kind and intensity of the inflammatory irritation determines the development or the non-appearance of lymphangitis and lymphadenitis, but also the personal disposition, as some individuals, to which class the so-called scrofulous children belong, suffer from lymphangitis after every slight local irritation, whereas others remain free from it after the severest local inflammations, to which certainly panaritias, and especially those from cadaverous infection may be numbered.

Similar anatomical, but yet unknown, dispositions may cause the development of erysipelas in panaritias. I willingly accept the views of Billroth, who considers erysipelas as an inflammation of the lymph-capillaries of the skin. But erysipelatous inflammations in consequence of panaritias are not frequent, and are always found on the dorsal surface of the fingers and of the hand and never on its volar surface, as the cutis of the fingers and of the hand does not belong to those textures, which show a preponderating anatomical predisposition for the origin and spread of erysipelas. It seems to me, that those panaritial inflammations, arising from fissures and callosities, where the inflammatory

irritation migrates downward through the finest lymph-ducts of the skin, show also the most tendency to complication with erysipelas.

We might mention also the traumatic diphtheritis as a sequel of panaritias, as possessing undeniable relationship to erysipelas, but such a state we rarely find. Traumatic diphtheritis sometimes attacks the points of the fingers without that a panaritial inflammation preceded it, as from hang-nails, etc. Exactly from such trifles have I seen diphtheritis set in, in its gangrenescing form and destroy a part of the finger by diphtheritic gangrene.

The second group of sequelæ of panaritial inflammations embraces such occurrences, which are caused by the transition of the panaritial inflammation and suppuration in the phlegmonous form of inflammation and suppuration. Knowing the circumscribed character of the panaritial inflammation, and the anatomical relations of the attacked tissues, we may premise that a panaritial inflammation cannot become phlegmonous without spreading over the original point. The home of a panaritium is the sub-cutaneous connective tissue of the volar surface of the fingers, bordering on one side at the lateral edge of the fingers on the soft long-fibrous sub-cutaneous connective tissue of the dorsal surface of the finger, and including on the other side in the depth of the volar side the sinews and fasciæ and finally also the periosteum of the phalanges. As soon as, at any point, the panaritial suppuration passes out of the peculiar sub-cutaneous tissue of the volar surface, the suppuration must lose its circumscribed character and take on the character of phlegmonous inflammation, namely, spreading quickly over a large surface. Thus the panaritium may produce a dorsal, a para-tendinous, or a periosteal phlegmone.

A phlegmone on the dorsal side of the finger is the most benign complication. Though it may lead to a necrosis of the dorsal fascia, and in the worst cases to necrosis of the extensor sinew, still it will not do much harm as long as the dorsal surface of the middle hand is not attacked, which might lead to an agglutination of the extensor sinews with the skin and the bones, or to other deleterious sequels, and thus prevent the active and passive motion of the fingers.

Worse already is the para-tendinous phlegmone, appearing on the fingers as suppurative synovitis of the long fascia, which surrounds both sinews of the flexor profundus and of the flexor sublimis. As soon as suppuration arises on any point of this long synovial cavity, the whole cavity will be nearly simultaneously filled with pus. The swelling of the finger and of the middle hand increases quickly with increasing fever and pains. But the suppuration hardly ever stops on the central end of the fascia. It attacks the loose connective tissue, surrounding the flexor sinews on the volar side of the middle hand,

spreads over the para-tendinous tissues in the large fascia of the flexor sinews of the carpus. It is well known, that panaritria of the thumb and of the little finger are therefore the most dangerous, for the flexor pollicis longus possesses a long fascia, continuing to the carpus, to and under the ligamentum carpi volare transversum, and the flexor digiti minimi shows frequently a communication of its digital fascia with the large fascia communis carpi. But suppuration may spread even farther, continuing to the forearm as sub-fascial and para-tendinous phlegmone. With the enlargement of the inflammatory focus increase all local and general symptoms and parallel with such growth increases the danger to life. Ichorous dissolution of the pus and of the connective tissue, thrombosis of the veins, and ichorous crumbling of the thrombi produce septicæmia, pyæmia and death. The march of the panaritial inflammation toward the trunk and thus annihilating life, is no phantasma.

PERIOSTEAL PHLEGMONE.

Next let us examine periosteal phlegmone. I choose purposely this expression instead of the usual one "suppurative periostitis," in order to show by the name the essential difference between panaritial inflammation and the consecutive periosteal suppuration. The suppurative periostitis also shows by its quick extension its phlegmonous character, but it does not equal the para-tendinous phlegmone. The adherence of the periosteum on the bones and the small space, taken up by a phalanx, prevent the propagation of the inflammation, which might quickly take place over large regions. But we find frequently that during the course of a few days the suppuration of the periost-intima spreads over the whole circumference and over the whole length of the bone of the phalanx, and the result is therefore frequently a partial or total necrosis of the bone and the probe shows us the smooth surface of the cortical or of the total sequestrum.

Considering the narrow space between the flexor-fascia and the periosteum of the phalanges—the posterior wall of the fascia forming with the periosteum an indivisible tissue—we can easily understand, that every suppurative periostitis endangers the fascia, and that every suppurative synovitis endangers the periosteum; and in fact we hardly ever see the suppurative periostitis or the suppurative synovitis of the fascia run its course alone, both are commonly found united.

Do not believe that the suppurative periostitis is a disagreeable complication of the panaritium only on account of the neighborhood of the fascia or of the consequent necrosis of the bones, for the joints, adjoining the suffering phalanx, are also in danger. Suppuration creeps in, in the small synovial sacs of the phalangeal joints, and with the necrosis of the bones we get also the consecutive states of suppurative inflammation of the joints,

articular fistulæ, necrosis of the cartilages, absorption of the cartilages, contractions and finally ankylosis of the joint. The joint is not so often directly attacked by the panaritial suppuration, which only happens when the panaritium develops itself close to the articular capsule and in most cases articular suppuration will be caused by the suppurative periostitis.

The prognosis for the functions of the finger is not a very promising one. Para tendinous phlegmone leads either to necrosis of the flexor-sinews, or with good luck to adhesive agglutination and growing together of the flexor sinews with the fasciæ and the paratendinous connective tissue, and in either case the motions of the end phalanges is destroyed.

Periostitis suppurativa of itself does not lead to necrosis, and when the formation of callus was deficient, it leads to a stunting of the phalanx, and to a shortening of the finger. This would be of little moment, but we know, that periostitis may lead secondarily to the dangerous inflammations of the fascia and to contraction and ankylosis of the joints of the finger and of the metacarpus.

You feel perhaps astonished, that I fail to classify panaritia into panaritium subcutaneum, tendinosum, periostale and sub ungue, as it is done in most works, but there is no need of such a subdivision, I consider every panaritium a p. subcutaneum; if its centre lies very deeply in the neighborhood of the sinew, or of the periosteum, or near the nail, it will produce the consequences we have already described. Should the inflammation begin as suppurative inflammation of the fascia, or as suppurative periostitis, which only happens in penetrating wounds and contusions, we are wrong to call such a procedure a panaritial inflammation. Most unfortunate is the expression, panaritium tendinosum, for the sinew is never the origin of a panaritium, playing as it does, in all suppurations and inflammations of the fascia, and of the paratendinous tissue, only a passive part.

INCISION THE REMEDY.

The sovereign remedy for the initial stages, and for the efflorescence of the panaritium is the incision. It must be done fully and early, so that the panaritial focus be emptied in its whole extent. Such an incision made in the beginning, need not be longer than a few lines, as the focus of the primary inflammation takes up very little room in the beginning. To injure important organs is impossible for the larger nerves and arteries on the lateral edge of the volar surface are out of the way, as the panaritium has usually a central location and in important cases it would not amount to much, if they are cut through or not. The incisions are made longitudinally, to evade as much as possible any injury to nerves or blood-vessels. The arcus volaris sublimis will be in danger in those rare primary panaritia in the subcutaneous connective tissue of the volar surface of the middle hand, and in the analogous sub-aponeurotic suppurations in this region, when they get squeezed in by the aponeu-

rosis palmaris. I have cut purposely through this arterial arc, when opening such suppurative foci, we have only to make our openings large enough to enable us to ligate immediately both spiriting ends of the blood-vessel.

The accent of a rational treatment of a panaritium lies in the *early* incision. We have to emancipate our mind from that antiquated idea, that the panaritium must ripen, before an incision is made. The fruits of the poultices, ointments and other patent-pain-killers is here necrosis of the sinews, agglutination of the sinews, contractions of the joints, useless fingers and hands. But where shall this early incision be made if we are unable to make out so early the seat of suppuration by its fluctuation? I touch with the head of a fine probe the central part of the panaritium swelling and request the patient to show me the exact point, where he feels the most intense pain during this refined palpation. This point is at the beginning of a panaritium limited to a square-line, and by choosing it for the point of incision you will not make a mistake.

The effect of such an early incision is suprisingly beneficial. The pain produced by the incision can be diminished by the local application of ether-spray or by chloroform-narcosis, but as soon as the incision is made the relief is striking, and all disagreeable complications are fully removed. The removal of the tension from the strangulated inflammatory focus prevents the appearance of phlogogonous substance in the lymphatic circulation, and thus the lymphangitis, the lymphadenitis and the fever. The endangered fascia, the periost and the joints are preserved from all suppuration. After an incision, made in the first 24-48 hours, we never see a complication with phlegmonous processes.

The early incision is the panacea of the panaritium and the only preventive to all sequelæ.

The after-treatment of the incised wound is most simple. We cover the small wound with some carbolic lint, order the hand to be bathed morning and evening in lukewarm water, when the patient may remove again by careful pressure some drops of pus, which have again accumulated. Sometimes the incised wound shows on the first day great tendency to close up again, and we have to use the probe to keep it open, which I consider better practice than to fill up the incision with lint.

We also advise surgical interference in the fascial inflammation in the suppurative periostitis and in articular inflammation; an early and large incision in the fascia stops all suppuration, saves the nutrition of the sinew, or reduces its exfoliation to a small piece, but it cannot prevent the obliteration of the fascia with its deleterious sequels. An early discharge of periosteal pus may produce the annexation of the periosteum to the bone, removing thus the danger of necrosis of the bones. An analogous treatment of articular suppuration may still save a part of the mobility of the

joint, preventing thus entire ankylosis, but after such processes have once taken place, the knife is not able any more to remove all functional lesions.

The further treatment of such neglected cases is plain. The sequestrum serves for a few weeks as a model for the newly growing phalanx and we always wait four weeks from the beginning of the panaritium before we make any attempt to extract it. The patient may use warm baths, spirituous liniments and passive motions to prevent stiffness of the finger, but as we are not always successful, we must bandage the finger on paste-board splints, bent in an obtuse angle, make passive motions in a semi-flexed position of the finger, and try thus to save the partial usefulness of the finger.

Articular contraction, an ankylosis, following the perforation of the pus in the capsule of the joint, may still be corrected according to surgical principles, which are valid also for supuration of larger joints and their sequelæ. I mean the resection of the joint. After this operation we frequently get without much trouble moveable connections between the phalanges and between them and the metacarpi: we are therefore justified, to perform resection during existing, yea sometimes at the very beginning of suppuration in the joint, in order to hasten a cure, to remove the danger of articular suppuration for the adjoining fascia and to preserve the mobility of the fingers.

The *modus operandi* is in short the following: We make a simple longitudinal incision on the dorsal side between the extensor sinew and the lateral edge of the finger, through the soft part and the articular capsule down to the bone; we remove then, with the elevator, the extensor sinew with the periosteum from the head of the joint, divide the lateral ligaments, if they are not already destroyed by the suppuration, loosen sub-periosteally the fascia with the flexor sinew from the head of the joint and remove this with Liston's bone plier. The concave surface of the joint of the next upper phalanx can mostly remain intact. After treatment consists in fixation of the resected joints, by paste-board splints and a plaster-of-paris bandage. After two weeks we begin to try passive motions and continue energetically with them for several weeks, and perfect success rewards frequently the endurance of the patient. Only the exfoliation of the flexor sinews must be considered as contra-indicating resection, as the loss of the sinew annuls all benefit from the mobility of the joint.

Amputation or ex-articulation of the fingers; of the hand or even of the forearm may become necessary, when danger to life is threatening. The small incision in the first days of panaritium inflammation, which releases the few drops of pus, saves to us all further mutilating operations, and you will therefore agree with me, that in the panaritium small but active surgery is great in its effects.

Reviews and Book Notices, etc,

OD OR ODO-MAGNETIC FORCE.

"And he went for that heathen Chinee."

A recent popular poem says:

"That for ways that are dark,
And for tricks that are vain,
The heathen Chinee is peculiar."

We deny the assertion. We deprive the pig-tailed celestial of his proud prerogative, or, at least, we insist that he must share the honor of this *peculiarity* with sundry rounder-eyed and shorter-haired barbarians.

We are led to dispute this special claim of the "heathen Chinee" from having perused a blue-covered pamphlet which found its way in our postoffice drawer, and which we do not care to particularize any further than is done by the title of this article. On page 2 of the said blue-cover is the following:

"Dear Sir,—I take the liberty of sending you this interesting treatise for 25 cents. If you do not like it, please return it; otherwise send me the price, and oblige,

Yours

Dr.——— ———."

Of course, we at once "went" for the *interesting*, and on page 4 of the pamphlet we found it thusly:

"It is my fondest desire" writes *this* doctor "by means of the present treatise—and, through it, by means of the introduction of the *Odo-Magnetic Sugar of Milk*—to devote the rest of my days to the alleviation of the sufferances (*sic*) of my fellow-men."

Incontinently our bowels melted, and we fancied that Mira-beau's father—that gushing "Friend of Man"—had reappeared in the flesh, and we dashed into the pamphlet all aglow with a fervent desire to hold up the hands of this warm-hearted alleviator of the "sufferances" of his fellow-men. Alas! on the very last page we learn that the particular style of his *devotion* consists in his willingness to supply the *Odo-Magnetic Milk Sugar*

at a most modest price, namely: "2 drams, 50 cents, and 9 cents postage stamps; 4 drams, \$1.00. Orders with at least \$1.00, I deliver, *postage paid*, to any place in the United States."

Dear reader we have now laid open to you all of the really *practical* part of this pamphlet—as far as its author has any particular consideration for the "sufferances" of his fellow-men. We are not pleased to be obliged to write thus of one of our *guild*; but we have a constitutional antipathy to those hermaphrodites who are hardly doctors and not quite apothecaries; they are a something *sui generis*, and are out of place with either the doctors or the apothecaries. We shall condemn them so long as the flexors and extensors of our little right arm will direct a quill, and when these fail, we have a son who gives fair promise to *ditto* his "dad." We are led into this somewhat personal statement because we have been heartily blamed by some good souls for remarks we have made in regard to Fincke's potencies. We are, however, justified by both the spirit and the letter of our Code, and farther by the conviction that while "the laborer is worthy of his hire" the physician, must of all men, nearest imitate the divine Master in abnegation of self.

"If I did not know for what object I exist upon earth—to make myself as good as possible, and to improve things and men around me to the best of my ability—I should have to consider myself deficient in worldly wisdom for promulgating, before my death, an art whose sole possessor I was, and which, being kept secret, might have become a source of permanently increasing profit to me."*

Hahnemann wrote those lines. Hahnemann who had been tried in the fiery furnace of poverty. If I held a Fincke-patent I should hope never to meet the soul of Hahnemann *on the other side*. I don't think I could endure the look of infinite commiseration he would give to my *weakness*.

But what is the intrinsic merit of this *Odo-magnetic Sugar of Milk*? It is as yet a *petitio principii* to speak of its *merit*, for this is just that which remains to be demonstrated. To make this evident we must ask what is Odo-magnetic Sugar of Milk? The method of preparation is promised to be made public, and up to date, January 24th, we have received only the promise. We presume it to be ordinary purified sugar of milk

*Preface to the first edition of the Chronic Diseases, 1827.

submitted to the actinic or chemical element of light. If a ray is decomposed by a prism that sugar of milk which is so placed as to receive the violet end of the spectrum will become "*Odo magnetic Sugar of Milk*"—whether it becomes *Odo-magnetized* is an entirely different question. At present we have no proof in the affirmative; or, to preserve the catholicity of science let us put it thus, at present we have not sufficient proofs. We have the "testimonials" (so has Helmbold's Buchu) of some very big fish, and of several "ciscoes" in its favor. One utterance of this kind is unique, as witness: "It strikes me that you have brought out something of great value." This is in all likelihood a "ten strike," which followed the first dose of *Odo-magnetic Sugar of Milk*, given by its writer. Dr. Hering's "notice" is certainly not so brief but is every whit as unsatisfactory. "Given in *all cases of so-called nervous weakness and debility*, in small quantities, about $\frac{1}{6}$ of a grain, it has shown most striking effects. It seems to assist all *homœopathic medicines*, particularly Phosphorus in promoting re-action." We can determine the value of this endorsement only when we know on what number of instances it is based. If it is used in conjunction with *the* remedy the result, in so far as it pertains to the *Odo-magnetic stuff*, is extremely hypothetical.

We ask to be understood plainly as not denying the possibility of efficacy to this unknown quantity called *Odo-magnetic Sugar of Milk*; we merely assert that this efficacy is not yet proven. Lacking the *a priori* evidence of a pathogenesis it can only support the claims made for it by the more questionable *a posteriori* testimony of the cure; and to say that these cure instances must be "thick as leaves in Vallombrosa" is only half of it, for they must also be as *bona fide* verities as the said leaves.

Our philanthropic pamphleteer writes: "It needs no assurance on my part that I prepare and always shall prepare the "*Odo-magnetic Sugar of Milk*," introduced into North America by me, with the *most scrupulous care and conscientiousness* unaided by any one, for *it is on this very preparation that its therapeutic value is based.*"

It is just here that the cloven foot is very evident. The truth is any one can prepare it; a supply of blue bottles being all that is necessary to bedevil the sugar of milk put into them and exposed to the solar ray. But the joke is that never a grain of sugar of milk yet saw the sun-light without becoming as much *Odo-magnetized* as this special stuff now offered for sale at two dollars an

ounce. An analyzing prism is not at all essential; for Hunt's researches on Light have proven that the actinic or chemical action of light is better secured by using colored media than by employing the prism.*

The assumption of science on the part of our pamphleteer is in keeping with the disinterestedness of his devotion to the "sufferances," and in our most positive opinion "his fellow men" will derive about as much benefit from the one as from the other.

The very evident attempt to fasten this puny parasite on the life-blood of homœopathy should call forth the universal condemnation of the school.

We will close with two queries: Are the wooden nutmegs of Connecticut indigenous to Germany? Are the "heathen Chinees" *peculiar*

"——— for ways that are dark
And for tricks that are vain?"

S. A. J.

P. S.—Won't some benevolent individual just turn to and make moonshine a marketable commodity?

THE SIXTH ANNUAL REPORT OF THE CONSUMPTIVES' HOME—No. 11

Willard street, and other institutions connected with a work of faith to September 30, 1870, by Charles Cullis, M. D. Price, 25 cents. For sale by A. Williams & Co., 135 Washington street, Boston, 1870.

Six years ago, Dr. Charles Cullis, a young homœopathic physician of Boston, finding that there was much suffering among the poor of his city who were incurably diseased with consumption, after earnest prayer, obtained one house for their accommodation. There is now connected with this work of faith four buildings used for consumptives, a children's home, Willard street chapel, the Deacon's house, and a Tract Repository.

Instead of relying for support upon collections, subscription papers, etc., Dr. Cullis trusts that as he is doing the Lord's work, (or a work to which he has been especially called) in caring for the poor and suffering He will supply his needs. Instead of begging from men he goes to his Heavenly Father with the simplicity of a child, and in faith makes known his necessities.

The sum of \$16,597 62 was received for the work during the

* Researches on Light in its Chemical Relations etc. Second Edition, London 1854.

year closing September 30, 1870, and since the commencement \$86, 305 48 has been received.

Patients received during the year,.....	158
On hand at beginning of year,.....	24
Total,.....	182
Discharged relieved,.....	66
Discharged, not relieved,.....	21
Cured,.....	6
Died,.....	51
Now remaining in the home,.....	38
Number cared for since opening of Home,.....	610
Out patients treated at dispensary, prescriptions,.....	447

Nov. 5 he records: "This morning I went to the Home without a dollar, yet in peace. Yea, joy filled my heart for I knew in whom I trusted. On reaching the Home, the mail had just arrived, and in one letter I found, from Miss Mary \$200—and in another from Albany, two dollars for reports, etc."

The secret of his joy and peace is evidently the soundness and sweetness of his faith. The report furnishes abundant evidence that the peace which surpasseth the understanding of merely naturally minded men results from the life of prayer associated with the life of faith. (Philippians 4 : 6 and 7.)

In his experience there has been a fulfillment of the promises, "Trust in the Lord, and do good * * and verily thou shalt be fed." (Ps. 37: 3) "They that seek the Lord shall not want any good thing." (Ps. 34: 10.)

Completely relieved from the corrosive influences of anxious care he reposes upon the goodness of the Divine Father, and diligently uses all the means the Lord makes him steward of.

Works of this character are much misunderstood. Very likely they are not fully appreciated by any who do not, to some extent, aspire to a similar life. We recollect hearing a venerable preacher denounce such a life as most injurious. Another one regarded it as equivalent to praying for things needed without working for them. These are all misapprehensions. The life of faith is preëminently the life of work. Trust and labor go hand in hand. There is no antagonism, no chafing of the spirit, no rough friction, no rude jarring, no sound of discord. Why? Because the will is at-one with the divine. "Thy will be done." It is to pray, and pray, and never cease praying: ever asking and ever receiving. Looking for and expecting the blessing. All dark distrust, all dread and fear dissipated.

If there is a reliance upon the arm of flesh, your own strength or that of any other, your purposes are not in harmony with God's: "Thou wilt keep him in perfect peace whose mind is stayed on, thee, because he trusteth in thee"—but what promises are made to those who trust not? On the one side there is disappointment, vexation, irritability, distrust, anxiety, expectation of evil, on the other the serenity of a mind that daily communes with him who says, "My peace I give unto you, not as the world giveth give I unto you. Let not your heart be troubled, neither let it be afraid" (John 14: 27.)

It is a privilege to unite in labors of this character. We heard a lady say: "Dr. Cullis's wants are daily wants, I purpose sending him to day what I can give without waiting for others." When the money arrives it will come just when needed. At the time, on the very day when the doctor's purse is empty, and he has gone to his Father, with the simplicity of a little child telling him what the necessities of the home are on that day, he rises from his knees to pursue his daily toil, without any disquiet of mind and on that day the help arrives. Is it possible for any christian to say, it just happened so? Infidels may for "blind unbelief is sure to err," but we delight to recognize the special providential care of our Heavenly Parent. We trace a concurrence of causes contributing to the one end, in answer to true prayer.

E. A. L.

THE OTHER LIFE. By Wm. H. Holcombe, M. D., author of "Our children in heaven," etc., Philadelphia, J. B. Lippincott & Co., 1871.

Paper the most exquisite, typography almost perfect, binding neat. So much for the external. As to the style and language it is such poetical prose as only a man with poetical sensibilities can write. As to the teaching itself our own opinion is against its reception as a *real* representation of the other life. It is however far in advance of pseudo-spiritualism, because that rejects the Divinity of Christ, and the inspiration of the word.

Swedenborgianism is based on the assumption of the Swedish seer (n. 779 True Christian Religion,) that the second coming of Christ took place through him, Swedenborg, and that the scriptures are to be interpreted by the standard he has furnished. This is Popery in as objectional a form as Rome has given. The Lord promises his own spiritual presence to the believer (Rev. 3:20. Matt. 18:20 John 10:27 etc.,) *direct* and not through the mediation

of Swedenborg or any other man. This spiritual communion, to those who experience it, is infinitely more valuable, than all the revelations (?) Swedenborg has given to the world. As to the other life, we now see through a mirror, darkly, indistinctly, (necessarily so while clogged with the flesh; we could not bear the light of the whole glory,) but *then* "face to face." Enough for us now the Word and Spirit ever beyond and above us.

E. A. L.

THE NEW CHURCH INDEPENDENT AND MONTHLY REVIEW.—Edited by John S. Weller and published by Messrs. Weller & Metcalf, Laporte, Indiana, at \$2 per annum. With **AMERICAN OBSERVER** \$3.

The January number is particularly interesting. Previous to this it had been issued as a sixteen page quarto, now it is increased to forty-eight pages octavo. The change was made at our suggestion and we trust it will be acceptable to all its readers, and profitable to the worthy publisher. We are not a receiver of the doctrines of the New Church but are far from classing these views with the vagaries of modern spiritualism. We have met with some professors of the New Church who have been as narrow minded as the most exclusive dogmatists of any school, but it has been a delight to us to associate with very many of the true "salt of the earth" who were of this faith. Our preceptor Edwin A. Atlee, M. D., of Cincinnati, Ohio, was a teacher of these doctrines, and we remember him as a man of noble nature,—cordial, frank, intelligent, pure. Resembling him in many of these excellencies was the former editor of the journal we are now referring to, Rev. Henry Weller, an excellent likeness of whom is presented on page twenty. In New York, we enjoyed the friendship of Prof. Geo. Bush, a Swedenborgian, of strong intellect but still stronger affections.

Why are so many homœopathic physicians Swedenborgians? Who will tell us?

E. A. L.

THE CHRISTIAN UNION.—Published weekly by Messrs. J. B. Ford & Co., 39 Park Row, New York city, at \$3 per year in advance, or with Plymouth Pulpit for \$5.

This is one of our most welcome exchanges. It is edited by Henry Ward Beecher, and it would therefore be a work of supererogation to dilate on its merits.

THE LITTLE CORPORAL

This magazine for February is as crisp and pure as a northern snowflake. Its illustrations are superb. Mr. Sewell, who founded

The Corporal nearly six years ago, and under whose editorship it has achieved such an enviable name and circulation, announces, in this number, his withdrawal from the firm of Sewell & Miller, who have for some time been the publishers. He goes into the book manufacturing business, and will still conduct and publish "The School Festival," which is devoted to day and Sunday School entertainments. The Little Corporal Magazine will hereafter be published by John E. Miller, Chicago, Mr. Sewell's former partner, and edited by Mrs. Emily Huntington Miller, who has heretofore been Associate Editor.

THE MEDICAL HERBARIUM a selection of dried samples of Medicinal plants by T. F. Allen, M. D., New York Dr. Henry M. Smith New York, Publisher.

The medical herbarium is prepared to meet the wants of the physician, the pharmacist, and the lecturer. It is intended to contain an authentic specimen of every medicinal plant, with its appropriate name and synonyms. It states the region and kind of soil in which the plant may be found, the time of flowering, and the part used for medicine.

The specimens are poisoned with corrosive sublimate, and mounted on thick white paper ($11\frac{1}{2} \times 16\frac{1}{2}$ inches).

The herbarium will be issued in parts (each consisting of ten specimens), as rapidly and reasonably as possible. Price \$2.00 per part.

Prof. Allen is a skillful botanist and will present in his herbarium correct samples of our medicinal plants.

Part I. contains the following :

Eupatorium purpureum.—Linn.—Joe Pye weed, (Queen of the Meadow?).

This remarkable plant includes these quondam species:—*E. verticillatum*. WILLD; *E. trifoliatum*. DARLING; *angustifolium*. TORR; *falcatum*. MICHX; *maculatum*. L.; *punctatum* WILLD; *amœnum*. PURSH; *ternifolium*. ELL.

Perennial, 3 to 8 feet high. Wet soil. Common. Flowers in July and August. Gather the root in August.

Asclepias incarnata.—Linn.—Var *Pulchra*. Gray. *Asclepias pulchra*. Ehrh. Swamp Silkweed. Perennial herb. Wet soil. Common. Flowers, July and August. (A smoother form is more common Northwest.) The root is officinal.

Polygala senega.—Linn.—Seneca snake root.

Flowers May and June. Perennial. Dry soil. More common westward. The root is officinal.

Baptisia tinctoria.—R. Brown.—*Sophora tinctoria*. Linn. *Podalyria tinctoria*. Sims. Wild Indigo.

A perennial bush herb, two to three feet high. Flowers June to August; yellow, dry black. Dry soil. Common. Collect the bark of the root in Spring or Fall.

Aletris farinosa.—Linn.—*Aletris Alba*, Michx. Star Grass. Colic root.

Flowers in July. Perennial herb. Dry soil. Common South and west. The root is officinal.

Ptelea trifoliata.—Linn.—Var. Mollis. T. & G. Shrubby trefoil. Stinking Ash. Swamp dog-wood. Shrub. six to eight feet high. Dry soil. Common west and south. (The var. about Chicago.) Flowers May and June. The bark of the root is officinal.

Phytolacca decandra.—Linn.—Poke weed. Perennial, four to six feet high. Root very large, branching. Hedges. Common. Flowers from July to September. Gather the root in fall.

Lobelia inflata.—Linn.—Indian tobacco. Perennial. Road sides. Common. Flowers from July to October. Collect the whole plant while in flower and seed.

Ustilago maydis.—Corda.—Corn Smut. This fungus attacks the young grains (etc.,) of corn, which becomes greatly distended by it, and finally burst. These grains must be gathered just before they burst, dried and powdered.

Cicuta maculata.—Linn.—Water hemlock. Spotted cowbane. Beaver poison. Musquash. Perennial herb. Wet soil. Common. Flowers in July and August. Collect the fresh root when it commences to flower.

DR. T. S. HOYNE'S MATERIA MEDICA CARDS published by the author, and for sale at the Detroit Homœopathic Pharmacy. Price 60 cents by mail, postage prepaid.

We have received the *third group* of the *Materia Medica* Cards, Issued by Temple S. Hoyne M. D., Prof. of *Materia Medica* in Hahnemann Medical College, Chicago. The group comprises

<i>Arsenicum,</i>	<i>Mercurius,</i>	<i>Sepia.</i>
<i>Calc. carb.,</i>	<i>Nitric acid,</i>	<i>Silicea.</i>
<i>Kali carb.,</i>	<i>Phos. acid,</i>	<i>Staphysagria.</i>

The characteristic symptoms, or rather those which the author considers reliable and trustworthy, are given, and due credit is given to other authorities by means of "quotation marks." Those

symptoms not so marked are probably Dr. Hoyne's. Probably no two physicians of our school would agree as to the grouping of our remedies. One arranges them on a pathological basis; another according to a supposed sphere of action; and others from the symptoms alone, as has been done by Dr. Hoyne who differs from Teste, Burt and Hale. While we believe Mercurius, Nitric acid, Silicea and Kali carb. should go together, we can hardly bring ourselves to place Arsenicum and Sepia in the same group. It is true they have many symptoms in common, and viewed from a certain stand-point do appear quite similar. He gives Arsenicum 138 symptoms, Calc. carb. 123 and Mercur. only 46. Whatever may be the defects in these cards we do not hesitate to express our opinion that no more useful method of mastering the symptoms of our *Materia Medica* has been invented.

H.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL a quarterly magazine of the Homœopathic practice of Medicine.

The October and January numbers of this journal are before us, and we are gratified at observing the improvement which has been made in it since Drs. Small, Ludlam and Danforth assumed charge as editors and publishers.

The contributions to January number are :—

Alcohol its pathogenetic charater, etc., Dr. J. P. Dake; Obstetric forceps and use, Dr. T. G. Comstock; Medical selection of candidates for Life Insurance, Dr. G. E. Hall; *Solanum nigrum*, Dr. E. M. Hale; What is puerperal fever? Translation, Dr. S. Litienthal; Characteristics clinically applied Dr. W. H. Burt; Clinical thermometry, Dr. L. Pratt; Nitro-glycerine or Glonoine, Dr. A. H. Beers; Surgical clinic, Hahnemann Medical College, Chicago; Cases in practice, Dr. John Moore.

HEALTH AND DISEASE as affected by constipation and its unmedicinal cure by Dr. W. W. Hall, New York. Hurd & Houghton, 13 Astor Place 12 mo. 298 pages. Price \$1 50.

Dr. Hall in this work discourages drugging, particularly self-medication; teaches how health may be preserved and diseases cured of by regulation of diet. He aims to cause a higher appreciation of the value of medicine in the hands of the educated and honorable physician. He says :—

"Ignorant or presumptuous persons, from given a medicine successfully for a few times, begin to think marvellously soon that they know 'about as much as the doctors do,' when they are suddenly brought up standing by an utter failure or a disastrous result. A case. A gentleman and lady from a distance, persons of considerable wealth and of high social position, placed

their only daughter, aged thirteen, in a boarding-school, not a half a mile from this vicinity. The principal had fallen into the habit of 'prescribing' for the pupils when 'anything ailed them.' Castor oil was the great remedy, and when 'any little thing was the matter,' a dose was almost invariably given, as being 'very simple, and could do no harm.' The interesting pupil just referred to, soon had the ordinary symptoms of a bad cold, and the inevitable "oil" was poured down; it acted very freely and immediate amendment was confidently looked for. But the patient became rapidly worse, and died next day. It was undeveloped scarlet fever. Nature was trying to throw it off and out, but the copious action of the castor oil set up a drain inward, made the bowels the weak part, the disease fell on them with the unfortunate result just named. The loss to those parents, millions of money could not replace, no length of time repair. A lifelong of unavailing regrets to two stricken hearts, and all from the presumptuousness of one person, from an attempt to 'cheat the doctor out of a fee.'"

E. A. L.

COUGH AND COLDS or the prevention, cause, and cure illustrating the remarkable efficacy of out-door activity and horseback exercise in permanently arresting the progress of diseases of the chest. By W. W. Hall, M. D. Published by Messrs. Hurd & Houghton, New York city, 12 mo. 362 pages. Price \$1 50.

This work contains many of the commendable features which characterize Dr. Hall's popular publications.

He says: "Multitudes have had coughs and colds at intervals for a long life-time, and at death their lungs have been found perfectly healthy; yet, of all who die a natural death, one in every six has a cough arising from a diseased condition of the lungs. This cough originates in a tickling sensation at the little hollow at the bottom of the neck in front.

Sometimes this tickling disappears of itself in a week, a day, an hour. Sometimes it lasts a score or two of years, as in bronchitis, without seeming to shorten life. Then again, if it always comes on in the morning, not necessarily at other times, with two or three other symptoms, it means consumption begun, and death within two years, on the average."

The object of this book is to show how to ascertain the character of those ticklings in the throat, in their beginnings, and to point out the unmedicinal means of alleviation, eradication, and cure, in all curable cases.

E. A. L.

BRONCHITIS AND KINDRED DISEASES by Dr. W. W. Hall. Published by Messrs. Hurd & Houghton, New York city, 12 mo. 400 pages. Price \$1 50.

As a sample of Dr. Hall's style we quote from page 98.

"IS CONSUMPTION COMMUNICABLE."

Some of the most eminent writers on the subject have died of Phthisis: Laennec, Hastings, Wooster and others, whether from thinking about it so much, or from being so frequently

where it was, I cannot say; I only state a known fact. Again, most assuredly the large majority of widowers and widows who apply to me, have had their companions to die of consumption. The use the reader should make of these facts is, habitually not to eat, or drink, or sleep in a room where a consumptive person is confined. If called to sit up with them, eat some plain food every four hours during the night, in another room; and let a door, or window, or fire-place be partially opened all the time. Impure air of any kind, if habitually breathed for a long time, especially if the person be sitting about in comparative rest, is capable of generating consumption from the beginning; and much more, if a person be inclined that way or have had near relations die with it."

HEALTH BY GOOD LIVING—By Dr. W. W. Hall, 12mo., 285 pages. Published by Messrs. Hurd & Houghton, 13 Astor place, New York. Price \$1 50.

The author designs to show how high health can be maintained, and common diseases cured by "good living," which he defines as "eating with a relish the best food prepared in the best manner." While ready to criticise such a definition we must give the doctor credit for a readable and useful book. He treats, in the fifteen chapters of his work, of: the object of eating; when to eat; what to eat; how much to eat; regularity in eating; how to eat; biliousness; dyspepsia; neuralgia; nervousness; the unity of disease; air and exercise; food cure; health by good living—the argument; rest; appendix, notes, etc.

E. A. L.

SLEEP, OR THE HYGIENE OF THE NIGHT—By Dr. W. W. Hall, 12 mo., 352 pages. Published by Messrs. Hurd & Houghton, 13 Astor place, New York. Price, \$1 50.

Dr. Hall treats in this work of: sleeping with the old; deadly nature of bad air; pure sleeping rooms; sleeping in prisons; vitiated chambers; bodily emanations; night lodgings in cities; sleeping with others; indulgences of the night; business and sound sleep; nursing children at night; morning debilities; bad night habits; ventilating chambers; ventilation and house warming; ventilation and longevity; the breath of life; sleeping with consumptives; poisonous chambers; nervousness, debilities, etc., private considerations, books on physiology, manhood, marriage, etc., their false teachings, their pernicious effects and their corrupting tendencies.

There is much of practical wisdom in all of Dr. Hall's writings, and the present work is equal to its predecessors in interest and value.

E. A. L.

SPECIFIC MEDICATION AND 'SPECIFIC MEDICATION by John M. Scudder, M. D. Cincinnati, Wilstach, Baldwin & Co., 12 mo. 250 pages. Price \$2 50.

We hail with gratification every advance made by the eclectics towards homœopathy. The present volume is certainly a step in this direction. Those of the eclectics who give up compounding their drugs, and study the action of single remedies, will soon be able to receive the doctrine *similia similibus curantur*. Whenever they discover drugs which act with such certainty that they can call them specifics, they will find a relation between the cures and the pathogenetic effects of the medicines. Gradually they will perceive the truth of our system.

The doses prescribed in this work are fearful, for instance: 3 j to 3 ij. Phosphorus tincture, to $\frac{3}{4}$ iv water, dose a teaspoonful. Could such doses be administered in pneumonia?

The use of *Phytolacca* in diphtheria is mentioned. Ought not the credit of its application in this disease be given to Dr. W. H. Burt whose provings were first published in "*New Remedies*?"

The author says "the tendency of medicine in all schools however, is in the one direction. The giving up of the old uncertainty is the first step, then follows the careful study of individual remedies, and their use to accomplish certain well defined objects. One need not be a prophet to foretell the future in this respect. The medicine of the future will very certainly be direct, or as we have chosen to term it, '*Specific Medication*.'"

The careful study of individual remedies will lead to direct medication and eventually—*Homœopathy*. E. A. L.

GALVANO—THERAPEUTICS.—The physiological and therapeutical action of the galvanic current upon the acoustic, optic, sympathetic and pneumogastric nerves, by William B. Neftel, M. D. Published by Messrs. D. Appleton & Co., N. Y., 1871.

The study of nervous diseases has been the favorite occupation of the author of this work and he proposes to present the result of his labors in two books. The first is to be a treatise on nervous diseases, and the second will treat of the galvanic current in its relation to physiology, medicine and surgery. The present volume is a part of the last work which the author trusts will convince the reader that the treatment of nervous diseases has recently made great progress. E. A. L.

THE AMERICAN CHEMIST.—A monthly journal of theoretical, analytical and technical chemistry. Edited by Chas. T. Chandler, Ph. D. & W. F. Chandler. Published by Messrs. William Baldwin & Co., 434 Broome street, New York.

This journal is published with commendable regularity and always contains articles of interest to every practitioner of medicine.

APPLIED HOMŒOPATHY OR SPECIFIC RESTORATIVE MEDICINE by William Bayes, M. D. Published by Messrs. Henry Turner & Co., London, England, and for sale at Detroit Homœopathy Pharmacy, octavo, 171 pages.

The learned author says that on reviewing the medical facts which have come under his notice in his practice during the past twenty-six years he was led to two conclusions: First as to the nature of disease, that it is always a negative state, as Dr. T. K. Chambers and others have shown; a condition of debility; and, secondly, that specific restorative stimulation is the true indication for its cure.

He uses the word specific because 'drug stimulation, and indeed all medicinal stimulation should be directed specifically to the weakened and debilitated tract, part, or organ, and should stimulate it alone, leaving such tracts, parts, or organs as are already in a state of proper tension or tone untouched, and without medicinal perturbation.

He uses the term "restorative" because the aim of the stimulation is not to exalt the tract, part, or function to a state beyond the healthy standard, but merely to such a point as shall "restore" the healthy balance.

Specific restorative stimulation has little in common with the ordinary practice of vinous or alcoholic stimulation, by which the whole body as well as that part which is healthy, as that which is weak, is too often excited beyond the health point, and suffers subsequently from a corresponding depression. Still it would include general stimulation of a moderate kind when general depression called for it.

The principle laid down in this work illustrated by the facts which form the latter part, is the restoration of healthy balance by gentle and cautious medicinal drug stimulation to the tract, part, or organ depressed in its vitality by disease.

THE SCIENTIFIC AMERICAN—A weekly journal of practical information, arts, science, mechanics, chemistry and manufactures. Published weekly at 37 Park Row, New York, by Messrs. Munn & Co., at \$3 per year.

This journal still retains its leading position and deservedly so. Sixteen folio pages are furnished every week, well illustrated, making of reading matter for the year for \$3 as much as would be contained in an octavo volume of 2,000 pages.

VICK'S ILLUSTRATED CATALOGUE AND FLORAL GUIDE, for 1871. Published by James Vick, Rochester, New York.

The colored illustrations of choice petunias are very fine. The whole catalogue embraces 96 pages, on toned paper, with wood cuts on every page. It is furnished at 10 cents, which must be much less than cost. We notice with pleasure that the price of the new Japan lily, *Lilium auratum*, has been reduced from 75 cents to 20 cents, and that the rates for other bulbs and seeds are low.

SCRIBNER'S MONTHLY, an illustrated magazine for the people, published by Messrs. Scribner & Co., New York city at \$3 per annum. With *Observer* from this office at \$4.50.

This journal is edited by J. G. Holland, M. D., better known as Timothy Titcomb, a *nom de plume* which has become almost as familiar as a household word.

The January number contains 128 pages on fine paper beautifully illustrated. The engravings accompanying the leading article, on Fairmount park Philadelphia, are accurate and pleasing. They recall many views we had the delight of looking upon when driven through these beautiful grounds by our esteemed colleague Dr. Bushrod W. James.

We notice articles in this number by Hans Christian Anderson, Newton Crane, Dr. J. J. Hayes, Dr. J. T. Headley and other well known authors.

E. A. L.

AMERICAN AGRICULTURIST for the Farm, Garden and Household. Published monthly by Orange, Judd & Co., 245 Broadway, New York, at \$1.50 per annum.

The January number is fully equal to its predecessors. On page 20 there is a good engraving of the variegated rose of Sharon which our readers will admire as one of the best ornamental shrubs. We suppose that at least one half of our readers attend to the cultivation of flowers and plants, and they will find many valuable hints with the monthly visit of this journal. It is furnished by the publishers with "Hearth and Home," illustrated weekly for \$4. We can supply the *Agriculturist* to our subscribers for \$1.00 in addition to price of *Observer*.

HEARTH AND HOME

Has been purchased by Messrs. Orange, Judd & Co., publishers of the *Agriculturist*, and their energy is already manifest in the improved contents and superior illustrations. Subscription price is \$3 per year or \$4 with the *Agriculturist*.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL. EDITOR.

BOTANY AND PHARMACOLOGY.

The Introductory Lecture to the Chair of Medical Botany and Pharmacology in Hahnmann Medical College, Chicago.

BY PROF. E. M. HALE, M. D.

Ladies and Gentlemen of the Class:—I need not dilate on the importance of this chair. It is a self evident fact that such a department should be established in every Medical College. In the remarks I am about to make, a few illustrations only will be presented, showing the practical benefits to be gained from a course of lectures on this branch.

It is not my intention to teach scientific Botany, or the minutiae of pharmaceutical manipulations.

These have no more a place in a Medical College than does strictly scientific Chemistry. It is *practical* Botany, Pharmacology and Chemistry that the student of medicine must become acquainted with.

It may be well, at this, the outset of our course, to inform you just how much of Botany and Pharmacology I consider it requisite you should know, and just how much will be taught during the coming session.

It is to be presumed that every student of medicine comes to this Institution with some knowledge of elemental Botany, that is, he or she should know that such a science exists, that he should know that all plants are divided into tribes or orders, that these orders are divided into *genera*, and these again into *species* and even varieties.

It is presumed that the student knows that a plant is made up of organs and tissues like the human body, that plants have anatomy, a physiology, and a chemistry.

The student of medicine knows that the human body is made up of veins, arteries, muscular, fibrous, cellular and other tissues. He should also know that the plant is composed of veins, pores, cuticle, fibrous, cellular and other tissues. In fact, there is much physical resemblance between the plant and the animal.

If the student has *not* a knowledge of elemental botany, he can easily gain it in an hour or two daily, by the study of some work like Youman's first book of Botany, and this study will come the more easily if he will take it up in connection with his anatomical studies. Given this elemental knowledge, the lectures on *medical* botany, we will consider the plants used in medicine only. These plants will be presented to you in regular order. You will be shown the living specimen, or the plant preserved in an herbarium, or a pictured illustration thereof. You will be informed of the order, and genus to which it belongs, and the name of the species, and it will be so plainly described as to enable you to distinguish it from a similar species.

All the medicinal plants belonging to one order or family will be named. These will form a botanical group, and will also be found in another group with the mineral substances with which they have a remedial and pathogenetic analogy.

There are certain terms which belong to scientific botany which will be explained to you, for the reason that such terms are used in describing and designating the portions of plants made use of by the pharmacist.

The question may arise in your minds—Why is this knowledge requisite to the physician? I answer by asking another question—Why is a practical knowledge of chemistry necessary? Is it not necessary that you should know the elemental qualities of the chemical substances you will have to use? Is it not necessary that you should know enough of chemistry to tell how a *salt* is made, or what results when you combine an alkali with an acid? Or that you should know the chemical antidotes to virulent mineral poisons and be able to prepare such antidotes when circumstances require?

It is equally the duty of the physician who has any respect for and pride in his profession, that he should be able to tell which of the many families of plants the Aconite or Belladonna belongs, that he should be able to identify by its general appearance, if not by its purely botanical peculiarities, such plants from those similar in appearance. The Aconite (Monkshood) and the

Delphinium (Larkspur) closely resemble each other, both belong to the same order, (the Ranunculaceæ) and it may sometimes be necessary for you to select the one from other.

You should also be so conversant with practical botany, as to be able to tell which organ or tissue of a plant is used in medicine, and also to be able to select the medicinal portion when found in the shops. Would it be reputable for you to be ignorant of the appearance of the root or leaf of the Aconite, and to be unable to distinguish it from the root of Geranium or Gentian without resorting to the sense of taste? If you cannot recognize it by the appearance, you should certainly be practically acquainted with the taste of each article used in medicine.

Let me illustrate the importance of a practical knowledge of these subjects. Only a few of you will locate in the larger cities or towns. The great majority of medical students must go into the country. There you will not have the conveniences of the pharmacy, or the well kept drug store. You will not be able to write a prescription for any medicine you do not happen to have in your office. The nearest pharmacy may be hundreds of miles away. You may be many miles away from the smallest country village, your patient may be suffering intense agony from the pains of a bilious colic, or struggling in the paroxysms of suffocating asthma. You have given for the former Chamomilla or Colocynth and for the latter Ipecac and Arsenicum, but in neither case is relief obtained. A mental study of the cases convinces you that Dioscorea is the remedy for the one and Lobelia for the other, but you have neither medicine with you; you are at your wits ends. The patient cannot wait for you to telegraph to Chicago or Detroit for the remedies. This is no fancy sketch, for physicians often find themselves in just such a predicament. But the Dioscorea and Lobelia may be growing within a stone's throw, and if you have not a practical knowledge of medical botany, their nearness will be of no use to you. In such a case as this the knowledge I shall impart to you this winter will be of great value. Such a knowledge will not only enable you to alleviate the sufferings of your patient, but will elevate you in the esteem of both your patrons and the public, and give you confidence in yourself.

Dr. Carroll Dunham aptly illustrates this in one of his own narrations of experience. He was called to a patient suffering from an obstinate intermittent. No other remedy but Eupator-

ium perf. (boneset) corresponded to the case, but he was miles away from the city and did not have even the 200th of that remedy in his pocket. But in a neighbouring swamp the boneset grew luxuriantly, and plucking a few leaves he extemporized a dilution and triumphantly cured his patient.

But, aside from all this practical usefulness, it will afford sincere pleasure to be able to recognize in your weary rides through the country, or in your rambles through the fields and forests, the plants from which are prepared the remedies we use. It is a gratification to pluck and examine the plant which some of our master minds have studied and proved, and to contemplate their beautiful structure, and the wonderful curative power which resides in each leaf, or flower, or root, of the vegetable organisms.

We will now proceed to define and discuss the relative importance of pharmacology.

Pharmacology is strictly a treatise on the nature and qualities of medicines. This is closely related to the science of *Materia Medica*, but while the former science in our school consists in a knowledge of medicines only in so far as relates to their chemical and physical qualities, and general effect on the human system, the *Homœopathic Materia Medica* or *Pharmacodynamics*, strictly means the science of pathogenesis, or the peculiar and characteristic physiological and pathological symptoms caused by medicines.

Pharmaceutics is the science of preparing medicines for administration to the sick.

Pharmacognosis includes all that relates to unprepared medicines.

Pharmacy is the art of collecting and compounding medicines.

Pharmacology, as taught from this chair, will include all that properly belongs to the several branches of medical science above named.

In teaching *Pharmacology*, I shall, after giving you the medical botany of a plant, inform you of the portion used in the preparation of the medicine. Such portion, or its constituent alkaloid or resin, will be shown you, and you will be asked to test its sensible qualities by the touch, taste and smell. For only by such means can you obtain a correct and practical

knowledge of the crude drug. If the substance be a mineral, or a chemical product, its technical name will be given, its chemical relations mentioned, and it will be placed before you to be subjected to the same physical tests.

You will be informed relative to the chemical, mechanical and toxicological effects of the crude drug, including its general medicinal or physiological effects on the animal and human organism.

The method of collecting the plants used by our school will be taught; the condition of each plant at the proper time of collecting; the proper season for its collection; and the best method of preserving such plants or portions of plants for pharmaceutical uses. The exact nature of the mineral or salt, alkali or acid, used in medicine will be defined.

Next will come the proper method of manipulating the crude drug for the elementary processes which must be begun before the pure homœopathic preparation is obtained. The various processes by which the crude drug is transformed into the active subtle attenuation or potency will be fully explained and illustrated.

You will be taught how to prepare the tincture, the trituration, and the dilution, peculiar to our system of medicine, as well as the art of prescribing such preparations. Nor will the partially obsolete methods of preparing infusions, decoctions or extracts be ignored, for such preparations are still much in use by the opposing medical schools, and it is not proper that you should go out from this institution completely ignorant of such preparations. This for special, as well as general reasons: special, for there may arise circumstances which may require you to use an infusion for the benefit of your patient, because you cannot possibly procure in reasonable time, the more delicately manufactured preparation of the remedy you are obliged to use. Of late, in our school, various preparations not known to the earlier homœopaths have come into use and are now deemed indispensable. I allude to cerates, lotions, unguents, liniments, plasters and even syrups. A few minutes spent in any Pharmacy in the United States will convince one that we have departed widely from the pharmaceutics of our predecessors. In this instance the pharmacists have not been the innovators. They followed the laws of supply and demand. If the profession had not demanded these things they would not be offered for sale. I do not believe such departure

has damaged our system, or its practitioners. In the early days of homœopathy it seemed proper and necessary that all such preparations should be abjured, but the days of radical homœopathy, of exclusive internal remedies, and the exclusive use of the high dilutions, have gone by. And a liberal and more rational practice has been adopted without violating, I hope, any essential dogma or principle of our school. Nor has it degraded our profession or rendered us less successful in managing the maladies of our patients.

If I read the sentiment of the majority of our school rightly, they believe that if a medicine is homœopathic to the conditions and symptoms of a disease, it will prove the specific or curative agent, whether administered in a high or low dilution, or in the form of the crude substance, or, if it can be applied locally or externally it will exert its curative properties by absorption, or otherwise.

Our remedies are not only prescribed internally after the manner of Hahnemann, acting by absorption through the tongue or digestive canal, but their administration by olfaction and inhalation has become popular and successful.

All these methods of preparation and administration, of medicines, must now be taught to students of our school. You will be surprised perhaps to hear that this College is the only one in which such practical knowledge is given as a part of its essential curriculum. And here I will take occasion to answer a question similar to that propounded in relation to medical botany.

Why is a knowledge of pharmacology and pharmaceutics necessary to a physician? I do not think it necessary to explain why a knowledge of the general toxic and physiological effects of medicines is necessary, for such knowledge forms an essential portion of the wonderful structure of our *materia medica*.

I will however explain to you the usefulness and importance of a practical knowledge of the elements of pharmacy. Not all of you will use the high dilutions in respect of which it is a matter of pure faith in the reliability of the pharmacist who prepares them. But even here a practical knowledge of the method of preparing the high potencies is desirable. There are men in our school who will not prescribe a high potency unless they have prepared it with their own hands, for then only, they say, can

they feel perfectly sure of the worth of the remedy. But let us trace the knowledge of one of these careful men back to a starting point. Suppose he procures a mother tincture—say of *Belladonna*, wherewith to begin his dilutions. How does he know whether that original preparation is good or not? It is notorious that the tincture of *Belladonna* is half the time quite worthless. The greatest care is required in the preparation of the tincture or it will be inert. If made from leaves not properly dried, or kept too long, or kept improperly, or injured by insects, it will not exert any of its legitimate effects. A few drops of a good tincture will cause all the peculiar symptoms of *Belladonna*, while some are so inert that an ounce or more may be swallowed with impunity. Should not this careful believer in high potencies have absolute knowledge of the reliability of the leaves used to make the tincture? He should know when to pluck the leaves, how to dry them, and how to best prepare the tincture from the fresh, or recently dried leaves. It is only by such thorough and practical knowledge that he can have rational faith in his carefully prepared high dilutions.

The homœopathic physician should have a taste and smell so cultivated by actual test experience, that he can detect the peculiar odor and taste of any and every medicine, not only in the mother tincture, but even in the lower dilutions. That this is not impossible many experts in our school can testify.

Unfortunate is the physician who cannot detect the difference between the tinctures of *Cimicifuga* and *Opium*, and yet such is the resemblance in taste and odor that many would fail in the attempt. It is quite as necessary, and equally difficult to distinguish between the various mineral and vegetable acids and alkalies.

No one ought to leave this college until he can tell the difference in taste and odor between *Belladonna* and *Conium*, *Hyosciamus* and *Stramonium*, *Quinine* and *Morphine*, *China* and *Hydrastis*, or *Chamomilla* and *Coffea*.

The want of such practical skill may at some period injure your influence with your patrons; damage your reputation as physicians, and even place the lives of men and women in danger.

Take another illustration—an instance likely to occur in practice any day. You are sent for in a case of supposed poisoning. The tearful and frightened mother shows you a few black berries

of which she says her child ate a few an hour ago. As yet the child shows no symptoms, but the anxiety of the parent grows more and more painful every moment.

Are the berries poisonous or not? Are they whortleberries, juneberries, black currants, or some other innocuous fruit? Or, are they of the deadly poisonous black nightshade? If you have a small practical knowledge of medical botany and pharmacology, your practiced eye will detect their true character, and be enabled to allay the fears of the parents, or save the child by prompt measures.

Not long ago a physician of this city was called to see a woman who had taken a large powder of some white substance which she supposed to be quinine, but after she had swallowed it some doubts arose in her mind whether it was quinine, or some strychnine which she had laid by for rats. The physician could not decide from the small sample before him which drug it was, and the woman was accordingly put through all the torments of the stomach pump, emetics and the like, only to know a few hours afterward that the powder was quinine. There are those who affect to despise anything like office-pharmacy. They would go so far as to banish all medicines from our offices. They would prefer to write a pompous prescription in bad latin rather than to take down from their own shelves the remedy which they know to be good. Such an affectation or real contempt for office-pharmacy was not shared by Hahnemann, or his contemporaries, and it may be that much of the wonderful success attending their practice was due to the absolute purity of their medicines.

Our pharmacutists may all be conscientious, pains-taking men, but they are mortal, and if they grow careless of the material they use, and leave the preparation of remedies to inexperienced hands, who shall suffer?

The life of a patient may hang upon a single thread, and that thread may be a dose of Arsenicum 30th. But suppose that which purports to be Arsenicum 30th is a sham! Who is to blame? Not only the pharmacist but the physician who, by devoting an hour to the selection and preparation of the medicine, may have in his hands a weapon which will never fail him when indicated. By your neglect of this small matter you may yourselves become responsible for the life of some valued citizen.

There is an economic view of the subject which may be of interest to some of you. As a rule young physicians are not overburthened with this world's wealth. To procure a full and complete stock of medicines often drains the slender purse of the graduated student, to an alarming degree. If he is to locate in the country, he probably purchases tinctures of remedies which will grow in profusion in the fields and forests of his new home. These tinctures will probably be made from roots and leaves that have lain in the musty shops of the city for years. Far better is it to gather them from Nature's warehouses, and make your own preparations. There is no one thing connected with the earlier part of my practice, that I look back upon with more pleasure than the gratification I used to experience in gathering the remedies belonging to the vegetable kingdom and preparing them in my little office. My carefully kept jars of mother tinctures, my lower triturations and dilutions, which I *knew* to be pure, were a source of real satisfaction.

The young physician has usually plenty of time which may be wasted or utilized as he elects. Far better will it be for him to spend it in reading, or in the economic and useful experiments of office-pharmacy, than to be frittered away in valueless loafing or useless and objectless amusement.

NEW OBSERVATIONS ON TRIOSTEUM.

At the semi-annual meeting of the New York State Homœopathic Society, Dr. Tallmadge, of Mecklenburgh, presented a clinical report. He related his experience in the use of the berry of the *Triosteum perfoliatum* (feverwort). He found that it had a direct tendency to the lungs. It also produced aching pains in every part of the system, and heat, especially in the limbs. He had used it with the happiest effect in allaying the unfavorable results of direct congestion of the lungs. He found also that the third dilution did not produce as good effects as the sixth, being too strong. It sometimes produce sweating equal to Aconite. It has been used with good effects in bilious fever, and there is evidence that it acts on the liver. It controls neuralgic pain and seems to be useful in quieting the nervous system, like *Coffea*, *Hyosciamus* or *Stramonium*. In coldness, and night

sweats it acts better than Veratrum. It seems to act well as an adjuvant, and prepares the system for other remedies.

What is said of the Triosteum in the "New Remedies," as far as the doctor's proving has extended, applies only to the berry; no such effects can be derived from the root. This he uses in anæmia and chlorosis; but the berry, in addition to this, in influenza and common colds with excellent effect. In ozæna it is, almost specific; with this, Baptisia and Arum, he cures most of these cases. It relieves pain of a pleuritic character in the right antero-inferior portion of the thorax. A few globules of the third potency, dissolved in half a tumbler of water, will cure the so-called bilious colic equally as readily as Colocynth. It is excellent in frontal headache. It quiets labor pains in threatened abortion. In one case of tumultuous action of the heart, in asthma, where the patient expected speedy death, it seemed to act like a charm.

Those who have studied the "*New Remedies*" will recollect a fragmentary proving by Dr. Tallmadge. If the effects of the berry and the root differ so essentially, the *whole* plant, berry root and leaves should be thoroughly proven. H.

BAPTISIA TINCTORIA.

Dr. William Bayes in his "*Applied Homœopathy*," just published, says of this remedy :

"The curative sphere of Baptisia appears to be the gastric mucous membrane, and the great semilunar ganglion of the sympathetic nervous system. In gastric fever with typhoid symptoms no medicine proves more serviceable. I have given it in the mother tincture, in doses of from one-third of a drop to one drop, and also in dilutions from the first to the third with benefit. One of the strongest indications for Baptisia is, that in whatever position the patient lies, the parts rested upon feel sore and bruised. I have seen several cases of gastric fever where the nausea and pains have been at once relieved, and where the patient has made rapid recovery under Baptisia I. In a case of dyspepsia following an attack of typhus fever two years previously, the prominent sensation being a great sinking at the epigastrium with frequent faintings, Baptisia $\frac{1}{2}$, and to third, rapidly cured the patient, and restored her to perfect health.

"In cases of chronic dyspepsia with great sinking at the epigastrium, and a dry brown tongue in the morning, this medicine is also very useful."

Pathology and Microscopy.

PROF. D. A. COLTON, M. D., AND PROF. S. A. JONES, M. D. EDITORS.

INCUBATION AND PERIODICITY.

There is or has been much difficulty in accounting for the incubation of diseases such as scarlatina, small pox, etc., and, indeed, all morbid conditions that may not be styled continued in their character. My opinion is that they are dependant upon the nervous system for all the interrupted and incubationary phenomena which they present; and that these are clearly analogous to those electric manifestations which may be induced in accordance with the well known rules of chemistry.

Premising, what is now generally admitted, that the nerve forces of man are analagous to those of the electric, which are subject to chemical laws, we can but consider the ganglia, or centers of nerve impulse, as different elements in the great compound nerve battery; and in this way only, can we account for the many phases which diseased conditions present.

Sleep, as a nervous expression of insensibility, a rest to the nervous system of animal life, may be considered as a type, in a physiological way, of all expressions of a nervous character where periodicity is concerned. It is nothing more nor less than a natural physiological expression of periodicity. Sleep involves the whole nervous system of animal life; placing it in a state of repose, so that *it*, and the whole body, may recover their exhausted energies; and, suppose that we should term sleep an expression of a diseased condition, namely, *exhaustion*, we would have to consider the wakeful hours as incubationary; there being no somnolent demand or expression until a definite time has elapsed or a certain period arrived.

Per consequence, or in accordance with this grand physiological demand which involves one-third of the life of the individual

we find there are periods for eating and drinking, thinking and acting, for joy and sorrow, and, indeed, for increasing, declining and death. Thus all human history is made up of periods of longer or shorter duration;—and which are more or less marked in their character.

Our natural and physiological demands and changes being thus periodic in their expressions, it is not strange that diseased actions should manifest themselves in like manner; and be apparently the more intricate in their nature, the farther they deviate from those which are plainly physiological. Many more diseases than our nosology indicates, are periodic in their nature; and clearly so, from their relation to the nervous system, either as direct cause or by implication.

Granted that the nervous system is thus directly or indirectly concerned; in a word, that all periodic manifestations are through its agency; the question arises, what is the *modus operandi* of this agency, or the scientific analogy by which we can explain such phenomena? The analogy is found in electricity; a term used to include all galvanic or electro-magnetic operations. The phenomena of induction, we think, are sufficient to explain incubation and the paroxysmal expressions of diseases.

Were we to attempt to explain the periods of incubation in any other way than as involving the nervous system, and as an expression of it, we would have to refer them to blood changes or other vital processes more or less independent of proper nerve influences; and which would come within the range of what are termed ordinary organic or chemical affinities. Such changes would be expected to be immediate and progressive. For instance, the disease influence, contagious or otherwise, would at once begin its operations; so that the blood, added to or lessened in quantity or quality of its normal constituents, might exert its vitiating influence as it coursed throughout the body, and there be no delay in an expression of either general or local trouble. The period of incubation may not give out a single sign; but the incubationary stage having once fully elapsed, when the monster and specific disease, like Jupiter's royal son, appears full grown and fully armed to mete out its whole design. If the contagious or infectious influence of smallpox or scarlatina has its effect upon the individual, he can as certainly be said to have one or the other of these diseases, from the time of such exposure and infection, as when the rash or commencing pustule makes its appearance.

He has it, as surely as a woman is with child from the time of conception, although the disease may not have attained its full proportions until its plain manifestations.

The disease producing, or propagating quality, must be a force that primarily acts upon the force propagating or impelling appliances of the organism, viz: the nervous centers and ganglia. From the various operations which the different ganglia are known to enter into as a sort of propelling power behind the scenes, it is plain that these ganglia, notwithstanding their relations which are well known, must yet be able under certain circumstances, to act independently; to receive and impart an apparently super-added force as if each were insulated. The force of incubationary or contagious diseases may fall upon certain ganglia, and there, for the time being, remain, and increase; and, as cumulative electricity in a cloud acts upon objects beneath, so this cumulated and diseased nerve force may induce an opposite state or nervous condition in other ganglia upon which it exerts an influence. And this may continue just so long as conduction does not occur. Just as soon as induction is broken, and conduction and comparative equalization, in the distribution of this diseased force occurs, then the disease breaks out. So long as the surcharged cloud retains its extra amount of electricity, its inductive force may not be subject to ordinary observation; but let the cloud discharge itself, and a series of awfully destructive phenomena may be occasioned. This is one simple illustration, by analogy, of which many could be adduced. Of course the refinements of the nervous system, in our bodies, are far above those of which ordinary chemistry takes cognizance. Hence our comparisons must necessarily be rough ones, but this, it strikes me, is the one which will bear the test of criticism in every particular.

The disease force, in these incubationary maladies, we would say, produces a nervous (electric) tension which can be increased within certain limits which have relation to the *status quo* of the individual. That is, certain individuals have greater susceptibility to the influence of disease than others. Again, some resist disease with such power as to almost defy its approaches. These have their analogy in electric combinations with which the profession are too familiar to require anything more than a reference to them in order to realize the full force of what I am saying.

The homœopathic profession is practically taking this ground viz: that disease is a force, and that remedies are potential in their nature. This being the case, is it not quite simple and allowable to let the same idea run through the heretofore intricate processes of incubation and periodicity?

D. A. C.

Physiology and Principles of Medicine.

PROF. H. P. GATCHELL, M. D. KENOSHA, WIS., EDITOR,

PROF. BERNARD ON SUGAR.

Lecture of Prof. Bernard delivered before the Medical School at Paris.

TRANSLATED FOR THIS JOURNAL BY MISS LATIMER.

The following translation of one of Prof. Bernard's lectures, in which he conclusively disposes of some of the objections opposed to his discovery of the glycogenic function of the liver, is particularly interesting at the present time when that discovery is under discussion.

H. P. G.

In the last lecture, I digressed in giving you an account of the researches which I had made in regard to the saccharine matter existing in our embryonic condition. Those details did not belong directly to the history of the liver, because the facts that were stated took place partly before this organ assumed its proper functions. I wished only to give you new ideas as to the uses of sugar in the organism, by showing you in what way I came to think that its principle uses were accomplished rather at the moment of its formation than at that of its destruction. We will limit ourselves at the present in establishing this view and will continue the history of the glycogenic functions of the liver.

I believe it necessary on account of the recent attacks which my opinions have sustained, to speak again of the function, wholly physiological, of the production of sugar by an especial organ; and of the interior origin of this matter both in man and animals.

When I published the facts some years since, which established the truth of this glycogenic function it was admitted by a great number of physiologists and chemists who examined the statements very closely. Lehmann especially studied carefully the composition of the blood before entering and after leaving the liver, and was struck by the quantity of sugar which came

from this organ by the hepatic veins and which did not resemble in the least that which he had found in the blood of the portal vein, and was led to the conclusion as we were, that the sugar was formed in the liver. Then comparing this production of sugar in the liver with the disappearance of a part of the albuminous element of the blood, which traversed the hepatic tissue, he concluded that the saccharine matter was produced from these albuminous substances.

Our physiological experiments have been repeated in France and in foreign countries by a great number of observers who have arrived at the same results and conclusions. One would have believed that in the face of these facts, which you have yourselves seen, and which have been proven before a committee of the Academy of Science, in the presence of a great number of French savants and foreigners, that the old theory of sugar being introduced into the system and not produced within it would have found no advocates; but theories do not die so easily, they appear from time to time, always sustained by the same arguments which supported them at first, and this without any regard to the advances which science may have made. In a sitting of the Academy of Science of the 29th. of last January, an article was read, which has since been reproduced in the *Gazette* of the 2nd. of February, in which the writer recurs to the same idea: That the sugar found in the animal organism comes exclusively from vegetables.

Physiological phenomena are so complex that to decide a question, it is necessary to present such a mass of details, that we can understand without difficulty the trouble and hesitation which seizes the public when one comes before it to contest facts which have been established by a chain of reasoning whose fallacy it has not been able to penetrate. It is in this chair that questions of the day ought to be debated. Argumentation which cannot enter into dogmatic instruction has naturally its place in the College of France, and if I were silent upon such a question my opponents might consider their attacks effective.

In this discussion I will abstain from all personality. We have before us ideas and facts, not men. It is a theory which we have to combat, a theory which was not first advanced by the persons who now sustain it. We do not therefore address them. If we take their writings as the text of our discourse it is simply

to call attention to their arguments, which are no doubt given in all their force, because the object is to combat us. The author of the article referred to denies at first the exclusive production of sugar in vegetables. He has a repugnance, he says, to admit that the animal economy fabricates a substance to destroy it immediately. Such repugnances, gentlemen, have nothing to do with science. I might also say that it is disagreeable to me to admit that animals, whose lives are so much more complex than vegetables, are not able to produce everything necessary to perfect themselves. But it is evident that a mere expression of feeling, on such a subject, does not constitute an argument. Then comes a complete confusion between facts and theories. Thus the result that we have obtained in localizing the secretion of sugar in the liver "would be (says one) in opposition to the discoveries of organic chemistry and to the beautiful and simple relations that modern science has so clearly established between the functions of animals and plants."

Gentlemen, one discovers a fact, and one conceives a theory. The facts which we have discovered do not contradict the discoveries of organic chemistry, they but add to the mass of knowledge already acquired, and this collection of facts, having nothing to do with the established relations between animals and plants, no matter how simple and luminous they may be, are ignored as insufficient.

These are conceptions, theories, which change and contradict themselves; they are not facts. You see therefore the fallacious manner in which the question is attacked, and it will be interesting to follow its development. Having thus approached the subject with preconceived notions, and refused to examine the facts other than through these notions, they persist in the idea that sugar can only enter the system through alimentation, although the presence of glucose in the tissue of the liver has been positively proven. We might stop here, such declarations being sufficient to prove in what a spirit, under the influence of false opinions, this work has been undertaken. But we continue the analysis to show you how the failure to examine justly an idea, in studying any question, may involve one in false logic and cause the most flagrant contradiction between facts and arguments, leading one even to forget the details of serious and truly scientific experiments. Not looking at the question from a physiolo-

gical stand-point, which ought to be the case in these studies, and which would conduct to the true solution, the author in question commits the gravest errors, and advances, for example, propositions of this sort: "These oscillations, this species of intermittent action, recognized as characteristic in the glycogenic function, seems another argument against even the existence of this function. A secretion, which only acts at certain intervals, which only appears in animals when digestion is taking place, which diminishes in fasting, and is destroyed by a long abstinence or by disease, differs so entirely in its mode of action from the other secretions of the body that one cannot but doubt its existence."

Thus, gentlemen, the periodic production of sugar proves that it is not the result of a secretion, because, as this writer says, secretions are continuous. But if there is one well established point in physiology it is certainly this, that the secretions of the body only take place at certain times, and that they are subject to these very oscillations, these alternations of repose and action, which characterize all the vital functions. For example every one knows that the parotidienne secretion, the gastric juice, the bile and the pancreatic secretion are essentially intermittent. Only the excretions are continuous. No physiologist confounds these things and solely to prove this cause, our opponent asserts that the tissue of the liver only contains sugar during digestion, which idea accords perfectly with his theory but which is completely erroneous, as I have proved to you many times. The sugar in effect only disappears from the liver, after a long abstinence, when death is approaching and when the animal has lost four-tenths of his weight, and his return to life is completely impossible. Thus gentlemen, one commences by errors of belief, continues by stating erroneous facts, and as I will show you presently, one finishes by fallacious logic, which is really incomprehensible.

Before going any farther permit me to prove to you by an experiment, that the blood of the portal vein of a dog, which has fasted two or three days, contains no sugar, while the blood of the hepatic veins contains considerable.

We kill the animal by a section of the vertebral column, as you have already seen. We then open the abdomen and, seizing the hepatic veins and nerves we tie the whole mass together in order to prevent the blood which has come from the liver from

flowing into the portal vein; then, we take the blood of this same vein and opening the chest, we take some of the blood of the hepatic veins. We will now treat these two specimens of blood in the same manner by adding sulphate of soda and boiling them to separate the liquid. You will see presently that the liquid coming from the blood of the portal vein does not precipitate cupro-potassa while that of the hepatic veins precipitates it abundantly. This experiment, gentlemen, ought to open one's eyes and hinder any one from saying that sugar only exists in the tissue of the liver during digestion. But those who regard theories as absolute and definite expressions of realities, refuse to look at facts which contradict them and so persist in their blindness, and this notwithstanding the chemical experiments and analyses which have been made, which cannot be gainsaid, and which confirmed our own experiences. But the physiological side of the question being completely misunderstood, one has looked at it from only one point of view, believing that he has discovered facts long since established, and taking one particular case as a general rule. One must never forget that crude facts are not proofs. Either side seems right according to our change of view. But physiology decides when one can say yes or no, and that is exactly the reason why in order to judge of a vital question, it is necessary to be a physiologist. The chemist who only institutes an analysis in one particular case, which he takes for a general fact, is frequently ignorant that he may make the next moment an analysis in a case which seems to him identical, but with a result completely contradictory to the first. What conclusion will he draw from that? And, if he has only examined one case, what faith may we have in his conclusions? Yet the critic of whom we speak has put himself in this position. In treating of physiological questions he has paid no attention to the conditions of these physiological phenomena.

The fact that sugar existed in the blood of animals was known and established long ago. Monsieur Magendie published an article on that subject in 1846, Garot, of England, Schmidt, of Dorpat, and Lehmann, at Leipzig, proved the same thing. We have determined ourselves under what conditions this substance may be found in the circulatory system. We know beside that we have only to cause violent diaphragmatic and abdominal movements in an animal in order to find sugar in the blood of the jugular vein, and also that when the glycogenic se

cretion is at its greatest activity that sugar spreads through the whole organism.

In the blood of oxen taken from the slaughter houses when it is fresh, one always finds it, and this is the reason: In order to bleed the beef that one has just killed with a blow, the butcher plunges the knife into the right ventricle; the blood, therefore, which flows from it comes partly from the hepatic veins. To free the animal from this blood, the butcher presses strongly with the foot just in the region of the liver, in such a way as to compress that organ as much as possible. You understand therefore how it is that the blood flowing from the wound mingles with that which comes from the hepatic veins, and contains a considerable quantity of sugar. Every time that I have taken blood from the slaughter house I have proven the fact. You must notice in making this examination that the animal may be digesting, which would augment the quantity of sugar in the organism, that they have struggled violently, have been felled with a blow, instead of having been bled to death, etc. But if in place of making the experiment in the manner which we have shown you, as Lehman and other experimenters have done, one would find no sugar, or in case one found it, would find considerably more in the hepatic veins than elsewhere. Let that be as it may, these purely chemical facts are undeniable because they are evident. One is forced to acknowledge that there is sugar in the liver, and that in the circumstances under which we have made our observations, there is always about three times as much as in the blood. Thus one recognizes that there is about 0.50 per cent of sugar in the blood and 1.50 per cent in the liver. We state these numbers because we will come presently to the final argument, and you will see what inconsistency there is between the conclusion and the premises.

Not wishing to admit that the liver secretes sugar, the theorists assert it to be a purifying organ, whose office it is to separate substances which are useless in nutrition, from those which become a part of the organism. Independent of the indefiniteness, which such an office implies, one is led to inquire, how it is that materials not the least useful in nutrition, as arsenic, mercury and a certain number of other metals, which are found collected in the liver in a manner scarcely definable, are not expelled by this organ, so essentially a purifier. Then the liver

becomes in regard to sugar a condensing organ. If one should consider only the herbivorous animals, one might believe that the liver retained the sugar, which each digestion brought it, in order to pour it little by little in the blood; as one knows, however, that it is destroyed there very quickly, one may be astonished to find as much of it after two or three days of absolute fasting as in the normal condition, in which fresh quantities are incessantly introduced. Beside, physiologists know that if two animals of similar species are kept some time without food, the formation of sugar being hindered in one by cutting the pneumogastrics, that upon these two animals being killed at the same time no trace of sugar will be found in the liver of one, while the other will contain a considerable quantity. But one does not stop here, and this is the argument in regard to animals which live on flesh. The sugar, which is found in the liver of the carnivora comes from the sugar which is found in the blood of the herbivorous animals, and that from their vegetable food.

"The flesh of the slaughtered animals incloses veins, these veins contain blood (this blood is sugar 0.50 per cent.) Thus the flesh of mutton and beef that was used as food for the dogs in the experiments of Monsieur Bernard contained sugar, which he thus administered without having the least idea of it, and afterwards found."

Truly, one must have become insane on a subject to admit such assertions, and suppose that it was possible for me to administer sugar with food without knowing it, and he who advances such an assertion never made examination of the food which we gave. Among all the objections which I supposed might be brought forward such a one never occurred to me. Beside it is perfectly easy by experiment to refute utterly such assertions.

Here is meat fresh from the slaughter house, that is in the condition in which the author of the work in question supposed that I gave it to my dogs; we crush it and pour hot water upon it, and you see it does not contain the least trace of sugar. But I have more frequently fed the dogs of these experiment on boiled sheeps' heads, from which the water had removed all soluble matter and consequently the sugar. Here is some of the same meat, with which the dogs have been nourished for entire months, we crush it, we pour water upon it, and we perceive that the liquid which escapes from it contains no trace of sugar. We

cannot understand such objections, when experiments so simple can be easily made and verified, and certainly it is worth while to make them, if one allows one's self such conclusions.

But this is not all, follow this argument a little farther. Our opponent says that the liver contains from 1 to 1.50 per cent. of sugar, suppose that the liver of a dog weighs five hundred grains, it will contain at the lowest estimate five or six pennyweights of sugar. Now it is admitted that the sugar is destroyed as soon as it is formed, consequently one admits that one digestion furnishes at least five pennyweights of sugar, which is condensed in the liver, and one never examines to see if these five pennyweights of sugar are in the repast that we have given to the animal, not even when one nourishes it with the bleeding meat of the slaughter house, although according to the calculations announced to us, it must contain a kilogramme or blood. It is also necessary that this meat and this blood should be warm, extracted at the moment that the animal is struck dead; for the author has been very careful to remark that in a very little time the sugar is destroyed in the blood, which he believes no one has observed before him. The whole statement is incomprehensible.

Thus gentlemen, to resume, our opponents do not deny the facts, because they are undeniable, they do not deny that the liver contains a considerable quantity of sugar. But they refuse to make these simple and complete experiments which I have repeated before you, to prove in the first place, that the aliment with which we nourished our dogs during entire months does not contain a trace of sugar, and that the blood of the portal vein of carnivorous animals, whether they are fasting or are in a state of digestion, presents no trace of it, if one makes the experiment properly. One proves in the second place, that the sugar is in the tissue of the liver as in the hepatic veins; this sugar is poured every instant into the circulating system, where it gradually disappears.

Instead of accepting the fact purely and simply that the liver is an organ which secretes sugar, which has been proven in every way, our opponents distort the explanation of these phenomena in order to support their theories.

We will now complete the experiments that we have commenced. Here is liquid taken from the portal vein, we add tartar-cupro-potassa, we warm it, there is no trace of reduction. Here

is some mingled with beer-barm, there is no fermentation. We treat the liquid taken from the blood of the hepatic veins in the same way. You see in that case an abundant reduction and here in this tube fermentation is very active. Here is the liquid resulting from the decoction of the liver, you see it is yellow and transparent, which proves that the animal was fasting, it would be opaline, or milky, if the animal was digesting, as I have already told you. It precipitates cupro-potassa abundantly and ferments very quickly, for you see that there is already a large quantity of carbonic acid in the jar. Here is also the decoction of the fresh meat and that of the sheep's head with which we fed the dogs; we add the tartrate of copper; you see there is no trace of the precipitate, no indication of fermentation and consequently no trace of sugar. This experiment utterly destroys the fundamental objection which was made to my statement, an objection which served as the foundation for the scaffolding of argument brought against us, and which never has been proven by the originator of these arguments.

Prof. Austin Flint, jr., says :*—"There can be no doubt of the fact that sugar may, under certain conditions, be produced *de novo* in the organism. Cases of diabetes, in which the discharge of sugar by the urine continues, to a certain extent when no starch or sugar is taken as food, are conclusive evidence of this proposition. It is a fact equally well established, that the sugar taken as food and resulting from the digestion of starch is consumed in the organism, and is never discharged. The fact with regard to diabetes shows, then, that it is not impossible, when no sugar or starch is taken as food, that sugar should be produced in the body; and the failure to find the sugar of the food in the blood or excreta shows that this principle is normally destroyed or consumed in the organism. It only remains, therefore, to determine whether the production of sugar in diabetes be a new pathological process, or merely the exaggeration of a physiological function.

We have so often repeated and verified the observations of Bernard, both in experiments made for purposes of investigation and in public demonstrations, that we can entertain no doubt with regard to the glycogenic function of the liver. We have, however, made some late observations, which have modified our views concerning the mechanism of glycogenesis; but the fact of the production of sugar in the healthy organism is not affected.

* Physiology — Secretion, Nutrition, Movements—page 297.

8—February.

Miscellanea.

TO "FREDERICH SCHULTZE" AND HIS "INTELLIGENT COLLEAGUES."*

"Nay, you must name his name, and half his face must be seen through the lion's neck; and he himself must speak through, saying: thus, or to the same defect,—Ladies, or fair ladies, I would wish you, or, I would request you, or I would entreat you, not to fear, not to tremble: my life for yours. If you think I come hither as a lion, it were pity of my life. No, I am no such thing; I am a man as other men are:—and there, indeed, let him name his name, and tell them plainly, he is Snug the joiner."

Midsummer Night's Dream, Act. III. Sc. 1.

The existence of this identical bogus Dutchman, "Carl Müller," is owing to the importunity of the Managing Editor of the *Medical Investigator*, by whom C. M.'s *alter ego* was repeatedly urged to stain foolscap for that periodical. A position in its editorial corps was accepted in consideration of the permission to do pen-work under the *nom de plume* of "Carl Müller."

The said M. Ed. has, or had, letters stating why an incognito was assumed, the reason given being a desire to be above the suspicion of suffering from that vicious *psora, cacoethes scribendi*, for with "Carl Müller" as a figure-head I felt that my own naked Ego was not obtruded upon the notice of my peers.

It was urged upon me by a friend that while a pseudonym would weaken me as an authority, it would also deprive me of any little honor which might, perchance, accrue from the work done. These validities were unheeded, but, when he added that I was open to the charge of cowardice, I at once felt an Irish-like desire to "get out o' that!" At this period, however, there was little cover left for me to take off because the courteous editor of the *Hahnemannian Monthly* had already unmasked me—although he must have obtained his information as to the identity of "Carl Müller" under the seal of secrecy. [The provocation being that Carl had winged one of the symptomatic *gobe-mouches* who detail their antics in that sheet.]

That "Carl Müller's" *alter ego* craved not the "hurrah of the mob" is a question which he can confidently leave for those who know him to answer.

Thus you see, O Frederick, that Dr. T. C. Duncan "delivered" me; and let me inform you that not so many weeks ago I received a letter from that gentleman in which he congratulates himself for having performed this obstetrical job. Now, as Carl's genotype occurred under the sign *aries*, can you wonder that he should display a proclivity for *ucking*!

But, Frederick, certain ante-natal influences helped to determine the nature of "Carl Müller's" work. You see he has had the good fortune to obtain full sets of nearly all our journals, and

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the wee'sma' hours of many a night have been passed over their pages. In this pursuit he could but observe the many blemishes which disfigure our serial literature—the *American quota*. These defects had not escaped an earlier notice than his; on the contrary they had been reprov'd; but these reprov's appear to have been condemned by the majority of our school. The critics were snubbed; the outspoken journal became unpopular—even died—and the true censors "of the blood royal" preserved a saddened silence not unalloyed with contempt. And not only this, for it was disagreeably evident that our earlier serials had been, as it were, the subservient *Jacques Strop* of a you-tickle-me! publisher. The *physician* had to be the lackey of the *apothecary*!

Perhaps we were numerically weak, and in those dark days this weakness may have been painfully perceived, but, despite the darkness and the few, why was the omnipotence of our truth, no, God's truth, forgotten? O my school, dear furnace-tried minority, know this, that never one of God's verities fell fruitless from His hand—our hearts may faint, but He knoweth ts harvest time and keepeth it 'till then.

Pardon the presumption, for simple "Carl Müller" in singleness of heart essayed to resume the work which far abler hand than his began. He claimed no special capability; he had simply tact enough to distinguish a fly-speck from the dot over an *i*; sincerity enough to call the one a dot, the other a dung, and consistency enough to insist that the latter could find its only place with its fellows on the 'hill.

"Carl Müller's" conception of the true critical *animus* can be found in the motto which he selected for the *Medical Investigator's* "Critique"—"*Nothing extenuate, nor ought set down in malice.*" Here do I appeal to the dread Searcher of hearts if I have not ever done my work with a heart devoid of malice. In one solitary instance I was influenced by an indignant impulse; and in this very instance I was resenting a wrong done, not to me, but to another. I refer to my remarks upon Dr. Duncan's "experiment" with *Pulsatilla Nuttalliana*. Dr. D. had made a most wanton attack upon Dr. E. A. Lodge;—the Chicago beardling, tauntingly asked what Dr. L. *had done for science?* and all because Dr. Lodge's pen had been as "costive" as Dr. Duncan's should have been. It is my nature to side with "the under dog in the fight," and I could not resist attempting to show Dr. Duncan that his individual contributions to science should have been left to nestle among the callow brood of the "pigeon-hole." And here I must avow that all the mental mole-pregnancies of this unfortunate M. D. have ever received the pity and not the contempt of "Carl Müller."

In all my other work I have never failed to dissociate the thing written from the one who wrote—and if the critic-pen is remorseless, the critic-heart can still be warm with those impulses which redeem our Eden-exiled nature.

But when I have rasped an article, *as an article*, and wholly unconscious of its author, that confounded reflex action has transferred the bite of the file to the sensitive ganglionic ego-centre, and, behold you, an irritation and an inflammation have followed *for which "Carl Müller" will not stand blameful*. O my thin-skinned friend, did it ever occur to you that your post-criticised Müllerphobia evinces that not your cerebrum, but your cerebellum and medulla spinalis are the parts affected? The reflex action cannot come from your nobler grey-matter;—no involuntary motor phenomena arise thence: therefore, when you foam at the critic you are only displaying the cerebro-spinal antics of egoism.

All the *feeling* I ever know in my criticisms is a jealous concern for the standard of our literature. I yearn to have it beyond contempt, and above reproach, for I think I know what the ultimate effect of scholarly precision will be upon our adversaries. If this pride be wrong, then am I, indeed, guilty; and if those whom I have offended cannot forgive me for the motives sake, then am I content to accept their curses as the laborer's hire.

You have told me Friedrich Schultze that "other men have also brains and learning," and from the Carl Müller-heart responds an "amen" of infinite gratitude;—and, you add, "you ought to give every one his due."* O foolish Frederick, yea, foolish and short-sighted! Have you found any "learning" in my pen; if so, whence came it, but from those "other men" whose splendid legacy rightly used will shield you and your "intelligent colleague" from the critic-quills of all time? O Friedrich, I am giving "brains and learning" the royalty of their "due" when I accept *their fruits* in fervent fealty, and say to the glaring counterfeits you are *shams*. "Brains," O Friedrich, is the *noli me tangere* of criticism. Then watch me well and you will find my shafts shot as the acephalous majority.

I fear of late I have missed my mark, for I have heard many a *hiss*, and Plato says "man is a biped *without* feathers." Either I must read it plus feathers or I've hit a goose.

But that misty, and mythical, respectability "*an intelligent colleague*," "jokingly" calls "Carl Müller's phrases," "Carl Müller's slang." Here I must exercise a right which "Carl Müller has ever respected in the criticised, namely: to challenge the criticism. Now, C. M.'s boyhood was spent in a city (Utica, N. Y.) which may well be proud of its public library; and through his 'teens with all a boy's delight he browsed in the fresh green pastures of early English literature. Perhaps his mind is tinted by the food he fed upon, and, by the memory of the great dead, he will not hear the tiniest streamlet from the "well of English undefiled" called "slang" by the emasculated dilletanti of these degenerate days.

* Dr. Carroll Dunham has honored me with his friendship for some years; he has also ministered to the ills my flesh is heir to, and any of Carl Müller's dear friends can easily learn from Dr. D. whether the little Dutchman has ever presented Platina mental symptoms.

A truly æsthetic mind can see in a marble Priapus only an expression of ancient art. True, the image shows what man has thought—aye, and what man still thinks; because he is, and will be, man to the end of time. The Greek mind *proclaimed its thought*; the modern thinks, but lacks the honesty to *avow its thought*. In this I give the crown to the Greek. Ah, Friedrich, if we had the high courage to appear before our fellow men as we *are* in the sight of the All-seeing, the millenium would dawn before Gabriel could get his trumpet to his lips. “Carl Müller” cannot turn his heart inside out like a Montaigne, but in his lame way he does try not to hide his humanity.

There is another phase to which I must revert. I once stood before a Grecian Venus (in “eloquent marble”) in the British Museum, and while I looked one of England’s titled dames came and paid her homage to the genius of art and the beauty of the human form divine. *To the pure*—you know the rest, and, while you point the moral, let me avow that I have nothing in common with such a “virtue” as would tie a check-apron around the waist of a Priapus and own it then as Mrs. Grundy’s pet.

Depend upon it, Friedrich Schultze, I know my freedom of expression; but I also know that if your brow has flushed, *the interpretation came from your heart, not mine!* I sacrifice to Momus; I can get an honest, innocent laugh from that which will give you and your “intelligent colleague” only an impure imagination. Believe me, O Friedrich, I can well afford to pity you and him, for this fair world has fewer flowers for you than for me; and, Friedrich, in the fulness of my compassion for you and for him, let me tender you my profound commiseration for the many heartaches the reading of much of our *Materia Medica* must cause you. And worse than all, O Friedrich, I sadly fear that our dear English Bible is a sealed book to the unhuman modesty of yourself and the “intelligent colleague.” Poor Friedrich let me advise you as Prince Henry did Falstaff—
“PURGE; AND LIVE CLEANLY!”

To those who do not *darken* English in their lucubrations—the trained athletes of thought—it will be needless for “Carl Müller” to say that his paper-staining is done *currente calamo*, for to the cultured eye it gives ample evidence of “quick conception and easy delivery;”—to those who may have thought him painfully studious of effect, he would say in all truth that he knows too well what *the earth-worms feed upon* to hunger for the mocking *plaudite* of life’s little hour. In his poor way he does as it is in him to do, and he cheerfully submits his all to a criticism as fearless, as blunt, and as honest as he strives to exercise himself. But if his pulses beat a quicker tune than is pleasing to the stagnant calm of questionable mediocrity, he begs not to be read by those who can only misunderstand him. And if wounded egoism cries “slang,” he must be allowed to decline accepting that which was never his own. Therefore, O suspic-

ionable Friedrich Schultze, try your "pocket-book game" on some one other than

CARL MÜLLER.

Dear reader, let me say by way of a colophon, that I have been led to take up valuable space and to consume your more precious time, from three considerations. First. I care not for myself, but, being, most unworthily, one of a faculty, it is simply my duty to see to it that they are not disgraced by the accident of my connection. Secondly. I feel that my poor pen has presented a protest on behalf of every outspoken critic who shall follow me. Thirdly. To tell my school that when the censor is ostracised, *the end is not far off*.

SAMUEL A. JONES.

Englewood, N. J., January 9, 1871.

"What are the Causes of Sex."—There have been several articles published in the *American Observer* respecting the production of sexes at will, etc. I can mention a case that sets every rule laid down in those articles at defiance, particularly those mentioned by Prof. Gatchell in the May number. I could mention the name of an individual who, while attending lectures at an allopathic Medical College, was taken with the mumps, and had metastasis to the *right testicle*. One of the Professors was called in, who left the testicle to take care of itself, the consequence was, that the inflammation ran into a chronic form, which lasted for many months, but it finally *went off* and the testicle *went* with it. In a few years so complete was the atrophy that the right testicle was only about the size of a lima bean.

Some five or six years afterward he married a lady nearly three years *older* than himself. They have lived together until the period is now past when they may expect any further increase of family. They have had but one child. The husband is sure that impregnation took place within *twenty-four hours* after the cessation of a menstrual period, but notwithstanding, and contrary to all the rules laid down by Prof. Gatchell, Drs. Boynton, Trall, M'Cort, etc., the baby was a *boy*.

Baltimore, Md.

E. C. PRICE, M. D.

A National Literary Congress—is to be held at Philadelphia on July 4th, next. Societies desiring to take part in this Congress are advised to communicate with the American Literary Union, through its President, Bushrod W. James M. D. 1821 Green street Philadelphia.

American Observer.

 EDWIN A. LODGE, M. D., GENERAL EDITOR.

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HOMŒOPATHIC INTELLIGENCE.

Homœopathy in Russia.—*St. Petersburg, Nov. 10, 1870.*—To most persons the report spread about by allopathic circulation that homœopathy had been forbidden in Russia and that its disciples were condemned to a fine and the prospect of free accommodations in Siberia, is still fresh in their memory. A strange perversity, so common on this mundane sphere, revived about the time certain events which caused this unnatural growth of an old school nightmare violent disturbance. At the very time that this statement was making its way around the world, homœopathy was being lifted from out of the sphere of simple tolerance to that of legal and qualified standing. The imperial government of Russia at this very time granted a royal patent to the Society of Homœopathic Physicians of St. Petersburg. It went yet further and authorized the establishment of a homœopathic policlinique (dispensary) and of a homœopathic hospital. The royal charter to the Society of Homœopathic Physicians grants all the privileges and rights enjoyed by the physicians of the so-called "orthodox" school. By one stroke was homœopathy thus placed on an equality with the allopathic school and by the

same stroke was the canard above spoken of most effectually silenced. Permission to establish and publish a journal to aid in the diffusion of homœopathy throughout the kingdom or empire was granted at the same time. In free America you will hardly know how we appreciate these concessions, living as we are under a monarchical form of government which jealously guards and watches all things of a public character. The Society of Physicians immediately and with true scientific ardor set about improving their new privileges. Out of their own funds they founded a dispensary which was, on the 7th of last August, opened with great *éclat*. According to Russian usage the inaugural ceremonies were opened with the religious services of the state church (the Greek). The impressiveness of the occasion was much enhanced by the beautiful simplicity of the ceremonies and the grandeur of the choral chant. The President of the Society now took the floor and made a stirring and impressive inaugural address. The physicians, with patriotic self-denial, take turn in their attendance upon the dispensary. The institution is open from twelve to four and it has treated, from the date of opening to the date of this communication, over 700 patients. DR. C. HEMPEL, President of the Society of Homœopathic Physicians, or St. Petersburg, Russia.

[The above is a summary of a letter sent by the learned President of the Russian Society to a physician of our school in New York.]

Homœopathy in Boston.—We are pleased to observe that the homœopaths of Boston are slowly but steadily progressing towards a College and Hospital. A charter for the College was obtained long since. A temporary Homœopathic Hospital with 12 to 16 beds was recently opened under the direction of talented physicians. At the request of about fifty students of both sexes a course of lectures has been commenced. The course as announced will be as follows:

Jan. 3. Introductory. History and Present Status of Homœopathy. A. F. Squier, M. D.

Jan. 10 and 17. Homœopathic Materia Medica. Conrad Wesselhoeft, M. D.

Jan. 24 and 31. The Theory and Practice of Homœopathy. E. B. De Gersdorff, M. D.

Feb. 7 and 14. Homœopathy as applied to Surgery. I. T. Talbot, M. D.

Feb. 21 and 28. The Homœopathic Treatment of the Diseases of Pregnancy and Parturition. J. H. Woodbury, M. D.

March 7 and 14. The Principles of Homœopathy in the Treatment of Diseases of the Eye. H. C. Angell, M. D.

Medical Students and Physicians are cordially invited to attend. Lectures will commence at 7 1-2 o'clock P. M.

J. H. Woodbury, M. D. A. F. Squier, M. D., Committee of Arrangements.

Homœopathy in University of Michigan.—The following petition has been presented to the Legislature of Michigan :

To the Honorable the Senate and House of Representatives of the State of Michigan:

We the undersigned, your memorialists and petitioners would respectfully represent that whereas the University of this State is in need of increased facilities and more funds, in order to accommodate the different departments of that institution, as appears by the report of the acting President, Professor Frieze, and whereas the Board of Regents neglect or refuse to provide for the teaching of the science of medicine, as understood and believed to be necessary by a large proportion of the people of this State;

Therefore your petitioners would most respectfully request that your honorable body would make the necessary appropriation required to erect suitable buildings, such as will meet the requirements of the University at the present time; and further, that in lieu of the fifteen thousand dollars appropriated by the act of 1869, there be levied a tax of one-tenth of one mill to the dollar upon the taxable property of the State, each year, to be paid over to the Treasurer of the University, in the same manner and form that the present University fund is now paid; provided that the Board of Regents shall so reorganize the medical department of the University that there shall be two terms in each year, of five months each, the first to commence the first of September and close the last of January following; the second to commence the first of February and close the last of June following; and that during the second term the several chairs be filled with homœopathic physicians, the faculty to consist of the same number who shall receive the same compensation as the allopathic branch; *provided*, further, that no monies appropriated by the Legislature shall be paid out by the State Treasurer for University aid until the above conditions shall have been complied with.

No definite action has been taken by the Legislature of Michigan upon this up to the time of making up present number for press.

We advocate such an adjustment not because it promises the best for Homœopathy in this State but because it might be agreed upon as a fair compromise of a long controversy. It meets the objection of the Regents in relation to the supposed difficulty of mingling the allopathic and homœopathic students during one session. It meets the objection of some homœopaths to the single professorship in the general medical course. It meets the desire of others for a distinct course of lectures. E. A. L.

Erie County N. Y. Homœopathic Medical Society.—At a special meeting of the Erie County Homœopathic Medical Society, recently, the following resolutions were presented, and on motion unanimously adopted:

WHEREAS, Dr. Stillman Spooner, of Oneida, Madison County, and Dr. A. T. Bull, of Buffalo, N. Y., surgeons of the homœopathic profession, and graduates of legally chartered institutions, have been removed from the office of Examiners in Pensions by Commissioner H. Van Aernam, on the ground that they did not at present belong to the school of medicine endorsed by the above mentioned commissioner, and

WHEREAS, The Commissioner of Pensions has thus publicly and in writing promulgated the anti-American, proscriptive and most pernicious doctrine that an individual is ineligible to office under the National Government unless a member of a particular school of medicine; therefore,

Resolved, That in the name of the thousands of homœopathic physicians of the United States, and their millions of adherents, we call the attention of the administration of President Grant to the fact that no authority, Congressional, or other enactment exists to warrant the assumption, that adherence to any one school, and the adoption of anyone theory of medicine are necessary qualifications for office under this government, and that the Commissioner of Pensions, in attempting to establish such official tests, has violated the rights and insulted the opinions of a large number of the people of the United States.

Resolved, That we respectfully, but most earnestly and decidedly request of the administration of President Grant that Dr. Van Aernam, who has prostituted the power of his office to subserve the interests of his own school, and committed an illegal and unjustifiable outrage upon the homœopathic profession, be speedily removed from the office he so unworthily occupies.

H. T. APPLEBY, Secretary.

Petitions are in circulation for the removal of Dr. Van Aernam from the office of Commissioner of Pensions. We hope that all our subscribers in the United States will attend to obtaining signatures for this purpose. The form used in New York State can be obtained of H. M. Paine, M. D., Secretary Homœopathic Medical Society of the State of New York, 104 State street, Albany, New York.

National University—It is proposed to establish a National University in the capital of the United States. It is earnestly requested that every homœopathic physician will procure the signature of all citizens to petitions asking for the establishment of one or more professorships of Homœopathy in such University. Petitions should be signed immediately and sent to T. S. Verdi, M. D., President Washing Homœopathic Medical Society, 1,405 G street, N. W. Washington, D. C.

Appalling Mortality.—In Wayne County Michigan Asylum for 1870, with an average number of 60 inmates only, there were 14 deaths during the year! Had they not better try homœopathic treatment?

Errata—On page 118 printed *Erratta* by mistake.

Pennsylvania State Medical Society.—The Sixth Annual Meeting of this Society was held in Harrisburg, February 1st and 2d. We understand that it was a large and interesting meeting. We expect to print a report of this gathering in March number.

The Prevention of Empiricism.—The lower house of the Legislature of Michigan on Feb. 6th, by a vote of 55 to 40 passed a bill to render it unlawful for any one to practice medicine in Michigan without a diploma granted by some medical college or medical society. We have very little confidence in the practicability of Legislative prohibitions of quackery. If this law merely requires possession of a diploma it will not accomplish its object while Colleges sell diplomas to so many pretenders. If it required a diploma, granted by a legally incorporated medical college after fulfillment of three years study, actual attendance upon two full courses of lectures, and the usual examinations there would be some promise of efficiency in the law. E. A. J.

Dr. Daniel Day's Malpractice Case.—Dr. Daniel Day (whose advertisement we quoted in full, *American Observer* 1870 p. 343) sued Mr. John McAllister for \$275 for 18 visits to Mrs. McA. in Southfield township, 18 miles from Detroit. In the lower court he failed to recover. The jury of the Circuit Court gave him verdict for \$187, probably because there was proof that about that amount had been tendered to him in settlement.

Mrs. McA., who is 65 years of age, had suffered from hernia 24 years. When this became strangulated it was operated upon by Dr. Farrand, an allopathic surgeon. Shortly after, Dr. Day commenced his attendance. Payment of Dr. Day's claim was refused because his services were deemed worthless if not injurious; and because he presented no evidence of medical skill, never having attended medical lectures or received any diploma. We cannot afford space for the particulars of the case but give the points charged by the Judge as they may be of general interest.

"1. The plaintiff is entitled to recover in this case, if the jury are satisfied that he used reasonable skill and attention in the treatment of defendant's wife.

"2. Such reasonable skill does not depend upon, nor is to be determined by the fact of the plaintiff not having received a diploma to practice medicine.

"3. If the jury are satisfied that such services were skillful and meritorious, plaintiff is entitled to recover, even though the patient was not entirely healed of her wound when plaintiff discontinued his attendance.

"4. If defendant's wife kept her limb up by the advice of the surgeon who performed the operation, and so kept it up during plaintiff's absence and contrary to his directions, plaintiff is not responsible for the injury to the limb resulting from a violation of such direction.

"5. The fact of defendant's offering to pay plaintiff, in March last, \$150 for his services, should be considered by the jury as intimating the value the defendant put upon those services."

The requests of the defendant which were also given, were as follows:

"1. If the jury believe that defendant's wife suffered injury from want of ordinary care, diligence or skill on the part of the plaintiff to such an extent that plaintiff's services were of no value, plaintiff cannot recover.

"2. In judging of the question of negligence, or want of care, diligence or skill, the jury ought to consider the nature of the services and the condition of his patient; that it might be gross negligence in a physician to fail in giving such attention to his patient as would only be expected from a well-paid person in respect to matters of mere pecuniary value.

"3. If in attending upon defendant's wife plaintiff was guilty of malpractice, it is a bar to this action for services, under the statutes of this State, and plaintiff cannot recover.

"4. If the jury believe that the plaintiff allowed proud flesh to remain and grow in the wound, to the injury of the patient, when a physician of ordinary skill, in the exercise of ordinary care and attention to the patient, would have removed it, he is guilty of malpractice and cannot recover.

"5. If the jury believe that the plaintiff allowed the patient to keep her limbs in a contracted position to such an extent as to induce a shortening or contraction of the limb, when in the exercise of ordinary skill and care in the treatment of the wound such would not have been the result, the plaintiff is guilty of malpractice and cannot recover.

"6. If a man professes or holds himself out to be a physician, he implies that he possesses a skill which includes a competent knowledge of the human system, of the diseases to which it is subject, the symptoms by which they are detected and distinguished, and of the remedies adapted to their cure.

"7. If, for the sake of avoiding any trouble with the plaintiff, or for any other reason, defendant offered the plaintiff \$150, and plaintiff refused to accept it, neither party is bound by it, and the question of the value of plaintiff's services is an open one, and if the jury find from the evidence that the services were of no value, or that the plaintiff was guilty of malpractice, then plaintiff cannot recover.

Dr. Duncan.—Referring to Dr. Duncan's misstatements (p. 460 of last vol.) we commended to him the casting aside of his present malice and the study of the Golden Rule, a short but comprehensive code, sufficient to remove him from the dreary mists of malicious misrepresentation into the sunlight of good will.

We regret that he should refuse to adopt such a recommendation and that he still continues to misconstrue and falsify. His course brings to our table more criticisms than we think worth while to publish. We can afford however space for the following:

IS IT A QUESTION, namely: whether the "M. Ed." of the *Medical Investigator* has been long afflicted with the amyloid kidney?

His displays of ignorant assumption and toothless malice, have never painted one poor little apology-for-a-blush on his brazen figure head; hence our anxious enquiry—for in writing of the amyloidi kidney, Beale says, "Patients who have long been the subject of it *cannot blush*."* True the italics are ours but we are ready to stand by our *ante-mortem* diagnosis. S. A. J.

**Kidney diseases*, etc., third edition, p. 67.

PERSONAL.

Drake.—*Silver wedding.*—On Friday evening, January 13, 1871, a very pleasant little surprise party and silver wedding commemoration took place at the residence of Dr. E. H. Drake, on Fort street, Detroit. From fifty to seventy-five of the doctor's numerous circle of friends for the nonce took possession of the premises, enjoyed in social conversation, and the more exhilarating mazy dance, an agreeable evening, refreshed themselves from a bountifully spread table, and departed, leaving a rich and rare collection of mementoes of the occasion in chaste and elegant silver. The whole affair was one particularly happy in its conception and fulfillment, and will long be an era of grateful memory to the worthy couple whose quarter centennial of married life it celebrated.—*Tribune.*

Blaisdell.—We are pleased to note that W. O. Blaisdell M. D. Homœopathic Physician of Macomb, Illinois, has been appointed Physician to the Alms House of McDonough County by the Board of Supervisors. This will be the first trial of Homœopathy in that institution. The result will be diminished suffering, mortality and expense.

Helmuth.—On the occasion of Prof. W. Tod Helmuth leaving St. Louis for New York City a large number of his friends and patients gave him a complimentary banquet, at the Germania Club rooms. After the dinner Silas Brent Esq. presented Prof. Helmuth with a full set of solid silver on an elegant salver, each piece engraved with the monogram of the recipient, and, "*From his friends at St. Louis, Dec. 13 1870.*"

Mr. Brent's address is reported in *Missouri Democrat* thus:

GENTLEMEN: As the representatives of a large portion of our community who are in full accord and sympathy with us, we are here to-night to manifest in this modest but earnest way the high estimation in which we hold the personal character and professional skill of our friend Dr. Wm. Tod Helmuth. [Applause.] A man who in the course of a dozen years has won for himself a distinguished reputation that is but seldom attained by a life-time of study and toil, and which much more rarely falls to the lot of one who is yet so far short of the meridian of life. Apparently, we are given up to the mere social enjoyments of the moment; but beneath the smiles of good fellowship there flows a current of deep sadness and regret which not only prevades our own bosoms, but also those of our wives and families at the near prospect of losing a friend and physician who is endeared to us by so many associations in which he has so ably stood between us and threatened affliction.

To us who have learned to lean with such confidence upon his skill and judgement, his separation from us becomes an actual bereavement. But duty, he thinks, calls him to a wider field of usefulness, and we must therefore submit. He cannot find *warmer* friends than those he leaves behind, but the ready and generous acknowledgement of merit that has become the proverbial characteristic of the people of New York is the surest guaranty to our minds of a yet higher distinction that awaits him there. Our best wishes therefore go with you, Doctor, for your success in the new position in life that you are about to assume, and as a slight token of the warm attachment of your many friends, I am charged with the pleasant duty of presenting you with this service of silver, that you and your family may be daily reminded of your friends in St. Louis. [Loud applause.]

Prof. Helmuth was quite happy in response, as he usually is in all his public addresses.

GENTLEMEN AND FRIENDS: On an occasion like the present, and with a heart brim-ful of emotion, I scarcely can find words to express those commingled feelings which come uppermost in my mind. We all know that

there are eras in the history of nations, and that there are epochs in the annals of science, of which the world takes note. Old Father Time regards them as his land-marks, and chronology respects them in her computations; they mark the mighty events which have transpired in the history of the past, and seem to be monuments on which to rear deductions for the future; they stand along the difficult way of Time like majestic towers for our reward, our profit, and our instruction.

Just so, my friends—though lesser in degree, there are periods in the life of every man (no matter how humble his sphere) that serve to tell him of the day that are gone; they rear themselves along his path-way, as he journeys onward toward his grave; and whether they be mementoes of joy or of sorrow, of prosperity or adversity, they are ever visible in his horizon—ever within the reach of his memory while he lives upon earth, perhaps even to be recalled in that hereafter which lies beyond the confines of mortality.

Through such a period I feel that I am passing to-night. When I look around upon these friendly faces, when I know the object of your assembling together this evening, and behold the magnificent testimonial which has now been presented to me, I *feel* that a landmark is being reared in my life's journey, which under all circumstances and every condition, I shall regard with feelings of pride and gratitude. [Applause.]

On the night of the 20th of February, 1858—made memorable in that city by the burning of the Pacific Hotel, in which many lives were lost—I entered St. Louis, unknown, save to a few personal friends. Well do I remember that night: a dreary mist was falling and freezing upon the pavement; and as I wandered up the unknown streets, I recollect how I wondered what fate was to await me here. Could my horoscope then have been cast, as I see it here to-night, I would have regarded it as the wildest vision of a vain imagination.

Since that period the system of medicine which I advocated has made most rapid strides. Colleges have been founded for the proper education of those who desire to devote their lives to the practice of homœopathic medicine. Hospitals are it full and successful operation for the relief of the suffering; medical periodicals are published for the wider dissemination of truths of the system; and need I add, that among the most refined and educated portion of this community, it has become a standard system of medical practice. [Applause.]

With homœopathy, then, in such a position, and surrounded by so many warm personal and professional friends, it is not surprising that I leave this city, for so many years the scene of my labors, with feelings of actual sorrow; mitigated, however, by the confidence I have in the ability and skill of those gentlemen who succeed me here. Called to a position which, in justice to myself, my family and homœopathy, I feel that I cannot conscientiously refuse, this additional testimonial, on the eve of my departure, adds but another to the many kindnesses that I have received at your hands, and which I feel I shall never be able to adequately repay. [Applause.] When I look around upon those who are assembled here, I see many whom I have met under other and far different circumstances; perhaps in the delirium of fever, when mortality appeared verging into death; perhaps when the grim arm of the skeleton was about to snatch a loved one from our midst; or to turn out the silver lining of the sombre cloud; perhaps when the advent of a new life shed joy and happiness upon a household, or, when returning health brought color to the pallid cheek and light to the eye dazed with long and wasting disease. These are the scenes which are ever present in the life of the physician; these are the ties which bind him to his friends, and these, my friends, are the bonds which, for a time at least, must be severed to-night. Let me, then, without dwelling further on this subject, wish you all God-speed. May you have a continuance of health and happiness and prosperity, and while thanking sin-

cerely for the many, the very many kindnesses I have received at your hands, let me say to you farewell—

“A word that hath been and must be—

A sound that makes us linger,—yet, farewell.”

[Loud and continued applause.]

After the applause had subsided the following standing toasts were announced by the chairman,

1. The Profession of Medicine and Surgery. Responded to by Dr. Comstock.

2. The two representative cities—New York and St. Louis. Responded to by E. D. Jones.

3. Medical Jurisprudence, the unity of the two noble professions, Law and Medicine. Responded to by E. W. Pattison, Esq.

4. The Press. Responded to by a letter from Mr. McHenry of the *Dispatch*.

5. The telegraph. Responded to by Newton Crane.

6. Friendship unchanged by time, place, or distance. Responded to by R. S. Voorhis, Esq.

The responses were highly felicitous and appropriate, and were frequently and warmly applauded.

At the conclusion of the regular toast a loud call was made for the Drs. Erhmann, formerly of Louisville, Kentucky, who are to succeed Dr. Helmut in his practice. Short speeches were made by both of the gentlemen, which elicited hearty applause. The occasion was in every respect thoroughly enjoyable, and interesting alike to the gentleman in whose honor it was given and to the participants.

James.—We are pained to hear from Philadelphia that our worthy surgical editor is confined to his bed. This intelligence came Feb. 13th. It appears that the Dr. has not yet recovered from the effect of the surgical poisoning (reported p. 15, current vol.) We have some surgical matter in type for March number, and trust that Dr. J. will soon be able to resume his writing.

REMOVALS.

Angell.—Dr. P. Angell, from Galveston, to Chappell Hill, Texas.

Batten.—Dr. H. P. Batten, from Mt. Vernon Iowa, to Blair, Nebraska.

Foster.—Dr. Geo. S. Foster, from Dayton O., to Xenia, O.

Hunt.—Dr F. G. Hunt, from Mobile Ala., to St. Louis, Mo.

Hofmann.—Dr. A. Hofmann, from Canal Dover Ohio, to Dixon, Ill.

Ingraham.—Dr. Ingraham, from Marseilles Ills, to Mt. Vernon, Iowa.

Saunders.—Dr. J. M. Saunders, from Milton Wis to Dodge Centre Minn.

Saxton.—Dr. D. W. Saxton, from New city, to Princeton, N. J.

Sparhawk.—Dr. S. H. Sparhawk, from Gaysville to Rochester Vt.

Vonder Luhe.—Dr. C. Vonder Luhe, from Huntington to Brooklyn, N. Y.

NECROLOGICAL.

Williamson.—At a meeting of the Homœopathic Medical Society of the county of Philadelphia, held at the College Building on Tuesday evening, December 20, 1870, the following preamble and resolutions, having reference to the decease of the late President of the Society, Walter Williamson, M. D., were unanimously adopted:

WHEREAS, We have learned that, through the dispensation of an all-wise Providence, our beloved President, Walter Williamson, M. D., has been removed from our midst by death; therefore,

Resolved, That, remembering his sterling worth as a man and as a citizen, his untiring zeal and fidelity as a physician, and his self-denying labors in the interests of humanity and of his professional brotherhood, our hearts are saddened at our great bereavement.

Resolved, That in his death the community has lost a valued citizen, society one of its brightest ornaments, his patients a skillful medical adviser and devoted friend, the medical profession one of its most earnest and efficient collaborators, Homœopathy an uncompromising champion and successful advocate and practitioner, our society a courteous and dignified presiding officer and an active and honored exponent of the most advanced medical knowledge, and we, its members, a most judicious and trusted counsellor.

Resolved, That his untiring and wisely-directed labors, as a medical practitioner, writer, and teacher, have exerted a vast power in raising Homœopathy from a condition of feeble infancy to its present position of strength, influence and success; and while "he rests from his labors, his works do follow him."

Resolved, That, realizing the vacancy in our midst, and the increased obligations that have fallen upon us by reason of his death, we will draw fresh inspiration from his example, and consecrate ourselves anew to the advancement of the cause he served so faithfully and well, and to which he unselfishly gave his talents and his life.

Resolved, That we tender our most heartfelt sympathy and condolence to the family in their hour of affliction at the loss of a husband and father, trusting that the Great Physician, who has called him from the scene of his earthly labors to the enjoyment of his everlasting reward, will also bind up the broken heart, and pour the healing balm of consolation into the wounded spirit.

Resolved, That the secretary be and is hereby instructed to enter these resolutions upon the Records of the Society; to transmit a copy of the same to the family of the deceased, and to such of the homœopathic medical journals as he may see fit; and to invite the homœopathic physicians of this vicinity to unite with this Society in attending the funeral in a body.

Attest:

ROBERT J. MCCLATCHEY, M. D., Secretary.

Prof. Williamson departed this life on Monday morning Dec. 19, 1870, being nearly 60 years of age. He was born at Newtown, Delaware county, Pa. on the fourth of January, 1811.

He received the degree of M. D. from the University of Pennsylvania 1833. In July 1836 he adopted the practice of Homœopathy. In 1839 he removed to Philadelphia. He assisted in organizing the American Institute of Homœopathy in 1844, and the Homœopathic Medical College of Pennsylvania in 1848, and for twenty years he was an active professor in that Institution.

One of our colleagues sends us the lines "In Memoriam" which we print in this number preceding the regular reading matter, and unpagged, so that any physician desiring to do so may cut it out and frame it. Surrounded by a wreath of *immortelles* it will be a pleasing memorial of a noble man.

E. A. L.

Erratta.—Page 3, line 19, for warrent read *warrant*; page 70, line 9, for fasten read *fatten*.

Surgical Department,

BUSHROD W. JAMES, 'M. D., PHILADELPHIA, EDITOR.

TREPHINING THE TIBIA.

*Report of a Case of Trephining the Tibia on the anterior aspect, for Removing a Pistol Ball that had entered posteriorly through the Calf of the Leg. **

On the third day of November 1866, I chanced to be standing upon the street near the Hancock House, Henderson, Ky., when a messenger on horseback rode up in great haste for a doctor. Uncle Dick Trent a negro man sixty-five years old had been shot at Canoe Creek Bridge, and was bleeding to death.

It seems that the African was coming to town on horse-back and overtaking two men in a wagon attempted to pass them merely saying "good morning." Whereupon one of the men drew a pistol and threatened to shoot him if he didn't take off his hat to him. Uncle Dick declining to remove his hat under a threat was shot in the leg and fell bleeding from his horse to the ground. The hæmorrhage was so profuse that he soon passed into a state of syncope.

The assassin on seeing his victim reel and fall, and supposing him dead jumped from the wagon and disappeared in the neighboring woods, and unto this day, now four years, he has successfully evaded the vigilance of the peace officers.

Before arriving at the place of the shooting I met a wagon bringing the almost lifeless form of the wounded man to town. A medical student passing by about the time had partially arrested the flow of blood, by the use of a handkerchief, had placed him in a wagon and was accompanying him to town to his friends.

The patient, beside being greatly frightened, was cold and almost-pulseless from shock and from loss of blood, and could not

* Read before the "Evansville (Indiana) Homæopathic Medical Society," and by the Society's unanimous vote was requested to be published.

speak above a whisper. I gave him a stimulant and as soon as possible examined his wound.

I found that the ball had entered the back part of the leg about the middle of the fleshy portion of the gastrocnemius, and had passed directly forward penetrating to the shaft of the tibia striking it about the middle. I could trace the ball no further nor could I remove it at that time. My probe met resistance which I took to be bone and not ball.

I dressed the wound and bandaged the leg to the knee joint, and applied arnicated water to the bandage immediately over the wound, and gave internally, 3 drops of the mother tincture every three hours. Enjoining quietude and no visitors and ordering warm gruel I withdrew hoping to be able to extract the pistol ball at some future visit.

Nov. 9th. I have visited the patient twice a day since he was wounded six days ago, and have observed no phenomena unlike these usually attending a case of gun-shot wound, of a similar character, with the same amount of hæmorrhage. He has gained strength and appetite under nourishing diet and is in good spirits, but very anxious to have the ball taken out.

Healthy suppuration has set up from the wound which is discharging freely. I am trusting to the suppurative efforts of nature to develop the locality of the ball, so that I may reach it either with the ball forceps or scalpel. I do not expect the ball to remain imbedded within the muscles unclosed in a membranous sack as I have already traced it through them to the bone.

Nov. 20th. For the last four days, my patient has not been so well. His appetite has improved, and he has been suffering from a deep seated pain in the bone, which he localized in the anterior face of the tibia. It has become quite sensitive for a distance of six inches, and slightly swollen. The wound discharges now but little and there is a throbbing sensation felt deeply within which corresponds to the systole or first sound of the heart. The patient also complains of cold sensations and rigors, followed by slight febrile reaction, such as hot flashes passing over the head and hands.

I now diagnosed imprisonment of pus at some point within the limb doubtless at the point of lodgment of the ball wherever that might be.

To ascertain the location of this accumulated purulent matter and then to give it egress, was manifestly the indication now

and wherever that point might be, there the pistol ball would be found, the cause of all this suffering.

I then introduced the probe which passed readily in about $2\frac{1}{2}$ inches when it came in contact with shattered fragments of bone. The progress of the probe was arrested here a few seconds and then passed freely forward about half an inch, when it met with solid and sudden resistance. The probe in its explorations had evidently tracked the pistol ball into the marrow of the bone, and found its long looked for lodgment at last.

I could now readily and satisfactorily account for all this pain, and throbbing, and swelling on the anterior tibial surface, also for the rigors and fevers. The ball after passing through the muscles of the calf had torn its way through the posterior half of the bone, traversed the medullary canal, and imbedded itself in the inner surface of the anterior half.

Having at length ascertained beyond a reasonable doubt, the location of the ball and the incarcerated pus—viz: in the medullary canal itself—the chief question arose again *in quo modo* shall the ball be reached and removed, and the patient's life and limb saved? For it is certain that without proper relief death from pyæmia will be the result.

Nov. 24th. After due deliberation and no little hesitation I determined on an operation which was carried into effect to-day and which promises well. I deemed it impracticable to cut through the muscles of the leg from behind and remove the ball from the center of the bone on account of the necessary length and depth of the incision and the almost certainty of having several arteries to ligate.

I therefore decided upon cutting down upon the inner border of the spine of the tibia and then using the trephine. This was a surgical operation I had never seen, nor heard of, but I believed the nature of the injury, together with the anatomy of the parts would justify such an operation, the ultimate and complete success of which has demonstrated the soundness of the decision.

In an interview with Dr. P. Thompson an old school physician, who for ten years was considered the *best surgeon* in this county, I gave him a detailed history of this peculiar case, and mentioned that I intended to trephine the patient's leg on the anterior surface, and hunt for the ball in the medullary substance of the tibia. He laughed at me and ridiculed the idea: said "it

could not be done. "You young army surgeons think you know so much about the use of instruments that you are talking about trephining a man's leg to get a ball that went in on the opposite side." I told him I was resolved upon trying and asked him to be present to witness the operation. He declined and I procured the assistance of Drs. W. M. Hanna and W. D. Chambers.

My patient had become emaciated and debilitated by long suffering, loss of sleep, and suppuration, and passed kindly into a state of anæsthesia under the inhalation of chloroform.

I made an incision down upon the sub-cutaneous part of the tibia about eight inches in length and two transverse incisions, three inches apart; and on dissecting back the tissues and denuding the bone, I found it cracked the whole length of the incision, and thin purulent fluid oozing out through the fissure.

This fissure was straight and continuous, and evidently produced by the force of the ball against the inner or medullary surface of the bone. The whole medulla occupying the entire cylinder of the bone, had been metamorphosed into pus,—by the inflammatory process, set up by the presence of this foreign substance—the leaden pistol-ball, and was escaping slowly through this narrow fissure; thus accounting for the extreme tenderness and cedematous condition of this part, as mentioned before.

A small trephine three-quarters of an inch in diameter, was applied on a direct line from the entrance of the ball, on the opposite side, and a circular portion of the bone removed. A quantity of greenish pus poured out profusely from the opening, and immediate search was made for the ball with a pair of forceps.

It could not be seen nor found anywhere within reach of the instrument. Thinking that the ball might have gravitated in the course of suppuration down the leg toward the ankle, I applied the trephine again, and removed another button of bone two inches further down the leg, and with a bone-chisel and mallet, connected the two openings, by disengaging and removing a portion of bone a half inch in width. A much larger quantity of characteristic pus was now discharged and absorbed by sponges; but a most diligent and protracted search for the ball had to be abandoned with much disappointment and mortification.

I knew the ball was in that vicinity, could see its terrible ravages, but could not find it; and being unwilling to continue

the patient under the influence of chloroform any longer, at that time, I aroused him, dressed the leg, and with my assistants withdrew to await further developments.

Dec. 4th. It is now ten days since I trephined the bone for the ball. I have dressed the surgical wound every day and the patient has improved in his general condition, and the original pistol-ball wound in the gastrocnemius has healed. The surgical wound looks healthy, and the suppuration is normal in character, and on yesterday I was made glad by finding the ball.

The *ultima thule* of this perplexing complicated case, has at length been reached, and the gratification I feel in achieving so desirable an end is unbounded.

While mopping out the wound and wiping away the accumulated pus from the hollow cylinder of the bone, my eye caught upon something bright and shining. Thinking at once that this glistening object might be the undiscovered ball, I immediately seized my forceps and grasped the object, when lo ! a thrill of joy ran through my heart ; the long-looked for, was found at last, and my patient's life and limb were saved. I had overthrown the ridicule and derision of all opposition ; for in my own fingers I held an irregular, battered, jagged, flattened, leaden mass, what was in truth originally a pistol ball, now scarce recognizable since made so shapeless by contact with the shattered bone. I felt that I had saved my patient's life, and my own reputation ; the former dear to him, the latter dear to me.

Dec. 25th.—I sent my patient to the country soon after finding the pistol ball, and have seen him but once since. He needs no further attention. The formation of new osseous tissue has been rapid and he begins to make use of his limb in walking.

March 2nd. My patient came to town to-day and called to see me. He is perfectly well, the wounded leg as strong as its fellow, and without any deformity whatever.

It is now four months since the accident happened and there is no trace of the injury except a cicatrix on the calf and an oblong osseous callous near the spine of the tibia and parallel to it.

The successful termination of this case is most certainly a triumph in operative as well as conservative surgery, and teaches a most excellent lesson, viz : that the success of operative surgery rests solely upon a thorough acquaintance with surgical anatomy.

P. G. VALENTINE A. B., M. D.

On the Removal of Subcutaneous Tumors without Hemorrhage
or Loss of Skin.*

BY HENRY LEE, F. R. C. S.

The author has been in the habit for some time of removing small tumors by India rubber thread. He finds that the pressure of the thread will rapidly, by a process of linear mortification or of ulceration, cut through the base of a tumor. This principle may be applied to the surface as well as to the base of any growth that may have to be removed, and is peculiarly applicable to vascular tumors of the neck and face. A crucial line of ulceration is first made through the skin by the continued pressure of India-rubber bands or thread. Needles are then inserted below the flaps of the skin thus produced, and the skin is dissected back, from the center towards the circumference, by the pressure of the India-rubber. The base of the tumor is then cut away in the same way, so that the whole of it is enucleated without the aid of a knife. The process goes on much more rapidly than might be expected; and it is comparatively safe, as the India-rubber thread always, on account of its elasticity, remains tight. The circulation cannot consequently be re-established in a part once strangulated, and so far the danger of blood-poisoning is avoided.

ON TETANUS.

BY DAVID W. YANDELL, M. D.†

Dr. Yandell lays down the following conclusions in regard to tetanus:—

1st. That traumatic tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females.

2d. That tetanus is most fatal in persons under ten years of age; that it is least fatal between ten and twenty.

3d. That traumatic tetanus usually supervenes between four and nine days after the injury, and these cases represent the largest mortality.

4th. Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury.

5th. When the symptoms last fourteen days, recovery is the rule and death the exception, *apparently independent of the treatment.*

6th. Of all the forms of tetanus, that appearing in the puerperal state is the most fatal.

7th. That chloroform, up to this time, has yielded the largest per-centage of cures in acute tetanus.

*Abstract of a Paper read at a Meeting of the Royal Medical and Chirurgical Society
Medical Times and Gazette.)

† The American Practitioner.

8th. The true test of a remedy for tetanus is its influence on the history of the disease. (a) Does it cure cases in which the disease has set in previous to the ninth day? (b) Does it fail in cases whose duration exceeds fourteen days?

9th. That no agent, tried by these tests, has yet established its claims as a true remedy for tetanus.

Remarks on the Treatment of Recent Irreducible Herniæ.

BY C. HOLTHOUSE, F. R. C. S., SURGEON TO THE WESTMINSTER HOSPITAL.*

Whatever may be the condition of a recent irreducible hernia, so long as there is an absence of general symptoms the patient's life is in no danger; herniotomy, Mr. Holthouse says therefore, is not only unnecessary but unjustifiable. It is unnecessary because the greater number of these herniæ do, after a longer or shorter period, become reducible, and either return spontaneously or by very slight manipulation. It is unjustifiable, because it jeopardizes the patient's life without any adequate advantage, present or prospective. The following case illustrates these propositions:

Case.—I was called up one morning, between twelve and one o'clock, to what I was told was an urgent case of strangulated hernia, and requested to bring my instruments with me. I found a tolerable large scrotal rupture; it was tense and somewhat sensitive to handling, and attended with a sensation of dragging in the abdomen. The patient had been the subject of hernia for many years, but had always been able to reduce it till about fourteen hours before I saw him; from this time all the efforts both of himself and his surgeon had proved unavailing. I put him under the influence of chloroform, and tried the taxis for about fifteen minutes, but was not successful in returning the rupture. I declined, however, to operate, because there were really no symptoms of strangulation present: the hernia was for the time irreducible, but it was not strangulated. A pill of two grains of opium was therefore prescribed, and ice was directed to be applied to the tumor. Before eight o'clock the next morning the hernia had gone back of its own accord.

"Were I not restricted to brevity I might cite case after case of a similar character, in which, under like treatment; the rupture went up within twenty-four hours of its becoming irreducible. In other cases, however, several days, and even weeks, may elapse without this desirable consummation occurring; still the patient's life is not endangered; his general health even is not interfered with; he takes his food as usual; his bowels act regularly, and he can pursue his ordinary avocations: in short, beyond the existence of a tumor, which heretofore could be made to disappear upon pressure, there are absolutely no symptoms."

*The Lancet, July 16 and 23.

In looking on the reverse picture, Mr. Holthouse writes, the patient, instead of being treated as in the case just cited, is operated on; and Mr. Holthouse admits that the majority of patients so treated recover. But even then, under the most favorable circumstances, the cure is less expeditious than where no operation has been done, while the patient has been needlessly subjected to all the risks which are inseparable from such a procedure. Operations for hernia do not, however, always terminate so favorably. In one case Mr. Holthouse was witness to, sloughing of the wound and of the entire scrotum followed the proceeding; in another, peritonitis, in which the patient's life for several days hung in a balance, and though he eventually recovered, it was after many weeks of suffering and anxiety; and in another, death followed within twenty-four hours of the operation, from the bowel having been cut during the division of the imaginary structure, and the escape of its contents into the peritoneal cavity. These examples, though few, are, Mr. Holthouse trusts, sufficient to prove the truth of the proposition, that operations undertaken of the reduction of recent irreducible herniæ, unaccompanied by the general symptoms of strangulation, are both unnecessary and unjustifiable.

**On the Results of Capital Operations before and after the
Employment of Anæsthetics.**

BY PROF. ED. SIMONIN.*

In the pursuit of his studies on the benefits resulting from the employment of anæsthetics, Dr. Simonin has established a comparison of the results of capital operations performed by him before the employment of anæsthetic agents, and those performed under their influence. As the author remarks, the use of anæsthetic agents commenced at a period already too remote for the great majority of operators to be able to establish these comparisons from their own practice. On this point M. Simonin has the advantage of being able to offer two comparative series from his own practice at the Nancy Hospital, extending over thirty-four years.

The author takes into consideration only the large operations. The first series, from 1835 to 1847, includes 107 operations performed without the use of anæsthetics. The second, from 1847 to 1869, includes 229 operations performed under the influence of anæsthetics.

We will quote the most important tables:—

In amputations of the thigh, the first series, without anæsthesia, gives 4 deaths out of 7 operations, or a mortality of 57 per cent.; the second series, with anæsthesia, gives 8 deaths out of 23 operations, that is to say, 35 per cent., of fatal cases.

*Compte rendu des travaux de la Société de Médecine de Nancy; Gazette Hebdomadaire, (Half yearly Abstract, Vol. 52 p, 162.)

In amputations of the leg, the first series gives a mortality of 45 per cent., the second series 21 per cent.

The amputations of the arm present a mortality of 25 per cent. in the first series, and of 21 per cent. in the second.

In cases of strangulated hernia the results are still more striking: thus, before the employment of anæsthetics the mortality was 36 per cent., since their employment it had descended to 10 per cent.

Operations for the removal of tumors, and amputation of the fingers and toes, present no very marked differences in their results.

One will probably object to these statistics that their extent is too restricted, and might also point out the progress made in the accessory treatment of patients who are operated on. But one must allow that the results in themselves are very significant, and that they have been confirmed by military statistics. The quantity of the results in the latter case seems to have been composed by the unity of the field of observation, and one of the means for multiplying the observations which make up statistical information will be to follow the example set by M. Simonin.

On the Particular Mode of Transmission of Syphilis from the Nurse to the Child in Suckling.

BY DR. A. DRON.*

The case considered by Dr. Dron was the following: A nurse previously in good health, suckled for a time a syphilitic infant. After this child had been removed she remained free from disease for a long time, and then another child, in perfect health was given to her to suckle. During this latter process, without the woman having been exposed to a fresh contagion, there was developed upon her breast a syphilitic chancre, which was transmitted to another infant confided to her care. These facts are explained by the duration of the incubation, which may extend beyond a mean term of twenty-five days, and reach over a period of six weeks or even two months. The author quotes in proof of this, two series of observations; in the first, comprising twelve cases, the mammary chancre presented itself at a more or less remote period at the cessation of suckling, and the nurses during this stage of apparent health have been enabled to take charge of a second child. In the second series, comprising five cases, the nurses, after the death of the syphilitic child, have taken another in charge, and the syphilitic chancre developed upon the breast during suckling has been transmitted to the child.

(*Annales de Dermatologie et de Syphilographie.)

Clinical Observations.

W. S. SEARLE, A. M. M. D., BROOKLYN, N. Y., EDITOR.

KAOLIN.

A New and Valuable Remedy for Pseudo-membranous Diseases.

BY W. S. SEARLE, M. D.

This remedy, so far as I can discover, was introduced into the Homœopathic Materia Medica by Dr. Laudsman, of Vienna. Whether he advised its use in croup upon the basis of a proving, our journals have not yet informed us. But some months ago, it was remarked in the *Hahnemannian Monthly*, that Laudsman recommended its use in membranous croup. This information seems to have been received with the usual indifference which justly prevails in our school towards any new comer into our Materia Medica; especially when not backed by a reliable proving. But, as has happened before (quite rarely, it is true,) we seem to have here stumbled upon a powerful and much needed remedy. True, its sphere remains quite undefined as yet, and this can only be developed rigidly by a proving, but enough is already known of its value clinically to demand that, if it has not already been proven, it speedily should be.

Membranous croup is a fearful disease. The slow, steady persistent and malignant manner with which it strangles its victims never loses its horrible character even to the professional eye. And any one who has seen a patient die with this disease—a death worse than a thousand hangings—can appreciate the emotions with which I beheld its development in my only son. The history of the case is as follows:

On December 17, at 10 P. M., H. F. S. æt. four years, awoke from sleep with croupy cough. He was put upon the Böenninghausen powders, which had usually afforded him speedy relief. But he continued steadily to grow worse during the night, and in the morning, as the fever increased, and the voice was becoming husky, the same remedies were given in the third dilu-

tion. They caused, however, no abatement of the symptoms, and he grew rapidly worse until, at 1 P. M. of December 18, his voice had sunk to a whisper. There was the sawing sound during both ex- and inspiration, with high fever. No membrane could be discovered in the fauces, but I have never seen a case take this course, and exhibit these symptoms which did not become membranous.

At 1 P. M., becoming desperate, and being able to discover no indications for any other remedy, I put him upon Kaolin $\frac{6}{100}$ in trituration every half hour. No improvement was noted until 3 P. M. when he fell asleep, broke out into perspiration, and at 4 P. M., awoke and spoke in his natural voice. The fever, cough and all other symptoms rapidly subsided; he coughed hardly at all in the night, and was convalescent on Dec. 19th.

Case 2—On Dec. 21st I was called to a child of four years, who complained of fever, headache in the forehead, with flushed face and sore throat. On examining the fauces, I found the right tonsil and arch of the velum covered with a heavy, yellowish white membrane. There was some fetor of breath, and great prostration.

Now, thought I, here I can *see* Kaolin work. But as the patient exhibited marked Belladonna symptoms, I did not dare to trust her to a new remedy alone. I was the more ready to give both, since I well knew that Belladonna alone had no power to cure diphtheria. The prescription therefore was Belladonna³ alternately with Kaolin⁶ (both in water) every half hour. This was at 12 o'clock in the day. At 4 P. M. I was summoned because of an epileptoid convulsion, which I learned was hereditary. But on examining the throat, what was my surprise and delight to find more than half the membrane had disappeared leaving a healthy surface, and that the rest was nearly detached. By the next morning it was all gone, and the child was convalescent.

Case 3. L. R., a girl of ten years was taken with sore throat of which little was thought until at 2 P. M. Dec. 25th, she was seized with a convulsion. It was slight, however; an examination of the fauces showed the whole pharyngeal region covered with a thick brownish yellow membrane. The tongue was also of a similar color. Skin hot and dry, and the pulse very rapid and feeble.

R. Baptisia $\frac{1}{10}$ alternately with Kaolin $\frac{6}{100}$ every hour. Rapid improvement at once set in. Nearly all the membranous deposit was gone within twenty-four hours. An ulcer was, however, left upon the right tonsil which rapidly yielded to Merc. prot. $\frac{1}{10}$.

Having obtained these decidedly brilliant results I speedily made them known to my colleagues in this city (Brooklyn), and the remedy has been considerably used. Several cases in which the diagnosis between membranous and highly inflammatory croup was difficult have yielded to its influence with unexampled rapidity, when other medicines have failed to relieve. The following instances are more marked.

J. B. Elliott, M. D., reports as follows:

I was called on Jan. 14th, 1871 to see a child with membranous croup who had been suffering both from the disease and from allopathic treatment for five days. The patient appeared to be almost *in articulo mortis*. At the suggestion of Dr. Searle, I prescribed Kaolin $\frac{6}{100}$ every half hour. After eight hours, but little improvement being discernible, and fearing to trust the case wholly to an unproven, and, to me, untried remedy, I alternated it with Lachesis. Now, in twelve hours, convalescence had fairly set in, and full recovery was speedy. Dr. Elliott also reports a case of Diphtheria in a young lady who was subject to it, in which the membrane was fully developed in this attack, and covered both sides of the throat. Twelve hours sufficed to remove every vestige of the membrane under the use of Kaolin 6 alone.

H. E. Morrill, M. D., also verbally reports several cases of diphtheria which have yielded very rapidly to Kaolin.

I would advise the use of this remedy in these diseases. And from analogy (although analogies in medicine are sometimes dangerous, and again brilliantly successful) I shall try its powers upon croupous nephritis and pneumonia, and membranous dysmenorrhea, *et it omne genus*. We may well try it in these diseases since we have so little that is brilliantly useful in them. It may be that the preferences of the remedy are for the pharynx and larynx, but it may control similar pathological processes in other organs.

Kaolin is a silicate of alumina, and is found native in the form of a clay from which pipes are made.

INFANTILE PARALYSIS.

BY E. HASBROUCK, M. D., BROOKLYN N. Y.

June 1st, 1870.—A boy aged about three years, was taken quite suddenly with high fever at 3 o'clock P. M. and complained of pains in his right leg and wrist. At about 6 o'clock he had a convulsion; at this time I was called and saw him after about twenty minutes, received the above history and found him still very feverish. I made a prescription, and left him until morning, when, upon calling, I found him about the house, and apparently as well as usual. This state of health continued for four days, when at about midnight, he suddenly awoke screaming with severe pains in his head and eyes. The head was very hot, cold applications seemed to give some relief, but towards morning he seemed worse again. However he arose as usual in the morning, and during the day seemed to act as if it jarred his head to walk; he also still complained of some pain in the head and eyes. In the afternoon it was noticed that he had no use of the right arm and hand: at night he was very restless and said the pain was still there. The next morning I was called again, and found him somewhat drowsy and hard to arouse, with high fever; when awake he complained of the pain in the head and eyes, frequently closing the latter; light and noise did not seem to disturb him; a slight squinting was noticed in one eye; there was no vomiting and the bowels were open; countenance expressionless; vacant stare from the eyes. I prescribed again and found him somewhat better the next day. In a couple of days he was in usual health and habits, except the paralyzed arm. About this time a purplish redness of the skin, about the upper part of the chest, neck and face, made its appearance and lasted for about three hours, and then twice on the next day there were some signs of it.

For a week or two the paralyzed arm was continually moist with sweat, and for about the same length of time, the right side of the body had considerably more heat than the other.

From this time on until about December 1st he was constantly under treatment by me, with such homœopathic remedies as I thought applicable to the case, but without any appreciable effect. Sometimes there would seem to be a slight improvement, and on my next visit the arm was helpless as ever.

From the time the paralysis occurred until the present, his health in every other respect has been much better than at any time during my acquaintance with him.

REMARKS BY THE EDITOR.

Infantile paralysis is a disease about the pathology of which very little is known. It may take the form of a paraplegia or hemiplegia, but generally only one limb is affected, and perhaps even only a portion of the muscles of one limb. The best authorities refer the seat of the affection to the spinal cord, but in some cases (and the above is one of them) it seems certain that the lesion is in the brain. In the case under consideration the pathological process certainly simulated cerebral apoplexy, but the absence of rigidity in the affected arm after several months, tends to throw doubt upon this explanation. The boy has made a slight improvement since the date of the above report, under the use of Faridization, and is now being subjected to the constant current. One point in the prognosis alone is certain, viz: that if improvement under suitable remedies and electricity does not soon set in, as it not seldom does, the member affected will waste, shrivel and always remain useless.

Should any of our colleagues have an opportunity for a post mortem in a similar case, we hope it will be thoroughly made, and carefully reported.

W. S. S.

URTICARIA, SCIATICA AND DROPSY.

BY E. HASBROUCK, M. D., BROOKLYN, N. Y.

Mrs. H—, on arising in the morning of November 29th 1870, found that she was very plentifully covered with eruption known as "Hives." She had always been more or less troubled with this eruption, but never to any serious extent, nor had it ever before been accompanied or followed by any other disturbance of apparent connection. This attack was by far the most severe of her life. *Apis mel.* 3d trit. a small powder every third hour, was given during the day. At nine or ten o'clock in the evening she complained that the eruption was out as prominently, and the stinging and burning sensation as severe as in the morning. Two drops of *Apis* ²⁰⁰ were then given at one dose. The morning following on attempting to rise, she found the hives gone, and, that bearing her weight on the right foot gave intense pain in the loins and hip joint, which by the exertion of getting down stairs developed into a genuine "Sciatica," with pain dart-

ing from the loin into the hip and down the limb to the knee, coming severely in paroxysms, every two to fifteen minutes. She described it as like the twisting of a gimblet down the course of the nerve. This lasted till afternoon when it seemed to gradually yield, leaving behind great aching and occasional twinges of pain, so as to deprive her of sleep during the night. The aching and inability to use the limb continued, but slowly became better in five days, when it had all disappeared. The remedies used for the neuralgia were Aconite rad. Colocynth $\frac{2}{100}$, Phytolacca $\frac{2}{100}$. The next day after the subsidence of the pain, a puffiness of the eyelids was first noticed, and, in the afternoon, some swelling of the hands. That night there was some dyspnœa on attempting to lie down. The next day the face and hands were swollen, and also the feet and ankles. At night more dyspnœa and she had to take a more upright position than the night before. She had a short dry cough, and the urine became very scanty. The next day the symptoms were all increased; dyspnœa so great that she had to sit up in the chair at night and could only breathe with any kind of comfort by inclining the body forward. These very urgent symptoms lasted in their severity for nearly a week, but under the continued use of Arsenicum 6th and 30th, subsided and the dropsy disappeared in about twelve days from its commencement. The urine was tested by heat and NO^3 several different times but no albumen was detected.

Query: What part did the Apis ²⁰⁰ play here?

REMARKS BY THE EDITOR.

We should say that Apis ²⁰⁰ had nothing to do with the matter. It may be that Apis ³ had caused the trouble, but even that is doubtful, for we know that repercussion of most, if not all forms of eruptive disease not seldom occurs, and is quite likely to produce neuralgia and dropsies.

It is now well known that urticaria, as well as prurigo, lichen, etc., are cutaneous neuroses (Handfield Jones and Romberg). The Sciatica then may have been occasioned by a simple transference of the disorder. It is not necessary to suppose that the kidneys were at all in fault in the anasarca which closed the scene. This may easily be referred to a paretic condition of the vaso motors, and the scanty urine have been a result of exudation through the relaxed capillary walls of the general nervous system rather than vice versa.

The case however is an interesting and very instructive one and we can only wish that it had been very minutely observed.

W. S. S.

LARYNGISMUS STRIDULUS.

D. A. GORTON, M. D., BROOKLYN.

Case I. Mrs. R., aged 60 years, a moderately stout, fleshy woman: florid complexion, sanguine temperament, hereditary predisposition to apoplexy.

For several years the lady has had annual attacks of this disease in its most aggravated form. In each instance death seemed imminent from asphyxia. The attacks last from three to six hours; come on suddenly; not unfrequently during sleep; without previous warning; generally in the early spring, in cool damp weather, and exposure to cold. They are relieved by application of moist heat, inducing perspiration.

The subjective symptoms are:—Violent strangulation: the attempt to breathe is accompanied by loud croaking, and sawing sounds: the patient is compelled to sit upright, with the chin extended: hoarse, harsh cough, when that effort is possible—mostly dry, aphonia, face puffed, alternating between bright and dark redness: lips and tongue bluish; pulse irregular, intermittent, sluggish; no fever. The attacks are followed by hoarseness and cough, which continue from two to three weeks.

Lachesis, Belladonna, Bromine, Iodine, Sambucus n, Tartar emetic, etc., have been administered, each in their turn, without any gratifying results. The first attack was promptly relieved by Lobelia inflata tincture in tea-spoonful doses, repeated every half hour until nausea and perspiration were induced. A subsequent attack was relieved with Bromine 30, and a sponge wet in hot water applied to the throat. The cough and hoarseness which followed subsided pleasantly under the influence of Sambucus niger 30. The last attack was relieved, after much suffering, by the fumes of slacking lime, at the suggestion of an allopathic physician.

Case II. Mrs. E., aged 30; nervo-bilious temperament; rather delicate in physique; highly sensitive to atmospheric changes. One side of the face was paralysed a few years ago by a fall on the back of the head: since which accident the lady has been subject to repeated attacks of "spasmodic croup." The attacks are preceded by exposure to cold, followed by loss of voice; barking cough; spasms of the glottis; suffocative dyspnoea; dysphagia. The strangulation, fever and crowing-cough, simulates membranous croup, for which the disease has frequently been mistaken by various physicians.

Belladonna 30 affords prompt relief of the paroxysms. So also do compresses of hot water applied to the throat. The catarrhal cough which remains yields speedily to the action of Bromine 30.

HOMŒOPATHY IN MINNESOTA.

DULUTH, MINN., December 30, 1870.

DR. E. A. LODGE:—*Dear Sir*,—Perhaps a few words about the health—or sickness, rather,—of the people of our city, would interest some of your readers. I cannot offer any new suggestions as to medicines, hence my remarks will not be instructive. For this reason I hesitated about writing; but now that I have begun, I will waive further preliminaries, and proceed at once to the little I have to communicate.

INTERMITTENT FEVER.

I arrived here in May, and at once began practice. My most interesting case was one of Intermittent fever, the most violent I ever saw. Chill began in the back like ice lying there, at 10 to 12 A. M., and lasted two to four hours with coldness and great shaking. Fever very high; violent headache, occasionally relieved by the sweat, but usually continuing through the whole of the following night; paroxysms every other day until stopped by very large doses of Calomel and Quinine, which made the patient sick until the next attack, which came regularly once in fourteen days,—at the times of menstruation, and between.

Eupatorium purp. $\frac{1}{10}$ diminished the violence of the paroxysms, of which there were but two more. They never returned

DYSENTERY.

But I did not intend to give individual cases. We have had an *epidemic*—I think it worthy of that name—of *dysentery*. During the month of June, it gradually became apparent that affections of the bowels were becoming prevalent; and during July and August they were almost universal. The attacks were usually uncomplicated dysentery. Severe tenesmus, frequent, scanty discharges of mucus and blood, with a strange weakness, were the usual symptoms. In a few cases the passages were almost entirely of blood, very frequent, and with the most violent straining. Some of these last had tenesmus vesicæ. Merc. sol. and corr. covered these and other symptoms with tolerable accuracy. Most cases were relieved by them,—the former in various potencies below the tenth, and the latter in the sixth. In a few cases the most happy results were obtained from the use of Aloes². Gelatinous, blood-streaked stools, with hot, distended, sensitive

abdomen, vanished before it. Neglected and improperly treated cases sometimes resulted in a diarrhoea which kept the patients in bed for weeks. This never remained long after receiving China ¹. This remedy, indeed, ranked with Aloes, next to Merc. Next in importance were Ars., Dulc., Sulph., Carbo veg., and Ham. virg. Some cases seemed to call for Caps., Canth., or Colch., but my experience with them—which was very limited—never gave me any satisfaction. I sometimes gave Morph. sul., $\frac{1}{10}$ grain doses, during the first 24 hours; but this was seldom necessary.

The prevalence of this disease was remarkable. Hardly a person escaped, though many did not feel obliged to call a physician. My own practice did not comprise over one hundred cases; but there were five allopathic physicians, all of whom had offices more centrally located than mine. I am happy to say that I did not lose a case. Two, who changed to other physicians, did not change beds for three weeks.

The mortality was very great, but was not wholly chargeable to physicians. Many poor Swedes gave up the ghost without the privilege of paying a doctor's bill. Some had physicians while their money lasted, and then languished for weeks without even kind nursing;—for of all poor nurses I ever saw, the ignorant Swedes are the poorest. I had the pleasure of caring for a dozen such,—all I heard of.

In September the epidemic subsided, and in October but few cases appeared.

No definite *causes* for this epidemic have been agreed upon. The general use of stale vegetables was by many considered sufficient. They were brought up on the boats, there being no railroad until the first of August. No material improvement, as far as I am aware, appeared after the completion of the railroad.

We had a great deal of rain, and most of the water used for culinary purposes was taken from the numerous little streams running down the slope on which the city is built. After a storm these were greatly swollen with surface water, and were considered a prolific cause of disease; but on Minnesota point, where lake water was used, the number of cases in proportion to the population, was about the same.

The weather was often mentioned. Cold storms of wind and a little rain; lasting several days, were not unfrequent. In day

time the weather was often as warm as I ever saw it in Philadelphia, and the nights were generally cool.

During the months of May, June and July, people were very much crowded. The number to be seen in one little house, was often astonishing. In many places, among the poorer Swedes, all kinds of filth were thrown out beside their very doors.

In my humble opinion, none of these causes, nor all combined, were sufficient to produce the effect observed; but it is quite evident that they exerted some influence upon them. As I said before, very few escaped an attack, and the increased mortality among the Swedes, was due, I think, to the lack of proper food and nursing.

TYPHUS FEVER.

Two kinds of fever have occurred with sufficient frequency to deserve mention. I call them typhus and bilious. Of the former, I had about six cases, three of which were quite severe, and one fatal. This one had been sick 10 days when I saw him, and was but poorly cared for at any time. He already had an eruption of red spots, like mosquito bites after being scratched, over the whole trunk. This was succeeded in a few days by a white eruption of vesicles, size of mustard seed, filled with colorless liquid; appearing first upon the abdomen, and extending but a short distance beyond its limits. No other case showed any red eruption. This white eruption seemed to be perfectly characteristic of this form of fever. The patients were worse in proportion as it appeared, some of the mildest cases having but half a dozen vesicles at one time. Generally the mind symptoms were like those given under Rhus, in Raue's work—answers slow and correct, etc.—; but at night there was sometimes violent delirium, considerable force being necessary to prevent the patients from running away. In two cases diarrhœa was present, thin, watery, yellow, offensive.

BILIOUS FEVER.

Of the 'bilious' fever I had about 20 cases. Severe headache, loss of appetite, high fever, usually appeared, and in this order. There was an ever present characteristic of this fever also, to wit: A *strawberry tongue*, generally with yellowish coating. This never failed; and indeed I saw it well marked in several cases who were not sufficiently ill to leave their accustomed occupations. Merc.^s, and China¹ were most used, and generally with good effect. In typhus, Rhus did not accomplish what the symp-

toms led me to expect. Nor did Bryonia, though its action was better than that of Rhus.

At present there is but little sickness. For the past few weeks the weather has been comfortably cool, clear and beautiful, without snow.

O. B. BIRD.

P. S.—Two cases of headache, one sharp, shooting, of six days standing, caused by working in the shade in hot weather; the other of six weeks duration, dull, caused by exposure to the sun, were quickly cured by Glonoine¹.

O. B. B.

A CASE IN PRACTICE ILLUSTRATING THE CURATIVE ACTION OF DIGITALIS.

BY C. D. FAIRBANKS, M. D., OF OTTAWA, ILL.

Mrs. F., slender, nervo-bilious, æt. 27. multipara, second child still nursing. Has formerly suffered from inflammatory rheumatism. Since then from prolapsus uteri, also troublesome palpitation of heart.

Feb. 21, 1870.—Was taken after some excitement, with violent pains through the back and limbs; severe aching pains through the temples and forehead; eyes sensitive to light, must keep them closed, as when open everything seem to be whirling around. On attempting to sit up, vertigo is much aggravated; pupils contracted; almost no fever, some thirst for warm lemonade; cold drinks chill her very much; pulse 55 to 60 small and weak, intermitting every third or fourth beat; appetite feeble or none; tongue clean; breath offensive; costive; urine dark and scanty. She feels very weak, cannot bear noise or disturbance. Much pain through hypogastrium; worse on sitting up; sleep very restless and nervous, almost delirious. Under Belladonna and Bryonia, no better; Cimicifuga and Gelsemium, some better: pains are less severe; pulse not so unsteady; tongue still clean, odor of breath not so offensive—a sweetish smell; less bad taste in the mouth. Next night very restless, full of dreams and talking in sleep; more pain all over. Cimicifuga and Belladonna.

25th—Much better; still the case is a mystery. Some pain yet in back and arms; occasional stiffness and rheumatic feeling running through to fingers and toes; cannot bear any cold drink. I was then reminded of Digitalis by the slowness and intermitency of pulse, scanty urine, lack of vital heat.

Digitalis symptoms are "general painfulness of whole body; drawing in back and limbs as after a cold; great weakness and lassitude with vertigo and intermittent pulse; difficulty in falling asleep; confused and vivid dreams; internal coldness of whole body; excessive sensitiveness to cold; small soft pulse, irregular weak pulse; delirium and restlessness at night; dizziness, vertigo and trembling; intense aching in head; want of appetite, with clean tongue; urine dark.

Gave Digitalis 1 dil. drop doses every 2 or 3 hours, resulting in a speedy convalescence to the great satisfaction of all parties. I did not notice the alternation of retention with enuresis, nor any ash colored stool. I fully understood the condition but have not yet classified the case in the regular list of diseases.

KOUSSO IN TAPE WORM,

BY J. M. FACKLER, M. D., PLYMOUTH, OHIO.

I was consulted on the 17th day of January, by a gentleman who said he had been troubled with a *tape worm* for the last twenty years. He had tried every thing he could hear of, and had put himself under the treatment of a number of physicians who claimed they could expel the parasite. The patient was fifty years old, and was a farmer. After fully satisfying myself of the existence of tape worm, I ordered him to fast for forty eight hours. Then I gave him Koussou prepared as follows. Three drachms of powdered Koussou were put in to a common tumbler, at night and cold water was poured upon it, care being taken to prevent any floating on the liquid. At seven next morning this mass, after having been well stirred, was taken in two portions, at an interval of half an hour. In order to prevent any sickness of the stomach, I gave him a small cup of black coffee previous to taking the above. I waited four hours, and then gave him one and a half ounces of castor oil with five grains of Podophyllin 1st. In two hours he passed *forty two feet* of tape worm. The worm was alive when passed. My patient is in good spirits—and the worm also.

Helonias dioica.—Our readers are especially requested to send reports of cases treated with this remedy.

Materia Medica and Therapeutics.

PROF. E. M. HALE, M. D., CHICAGO, ILL. EDITOR.

HYDRATE OF CHLORAL, AND SOME OF ITS EFFECTS IN INSANITY.

*Read before the Indianapolis Academy of Medicine, November 29th, 1870, by W. J. Elstun, M. D., Second Assistant Physician, Indiana Hospital for the Insane.**

CHEMICAL COMPOSITION.

Hydrate of Chloral was discovered by the great Chemist, Baron Liebig, so long ago as the year 1830, although it has been so recently introduced to the therapeutical world.

Aldehyd, Chloroform, and Chloral, are all alcoholic products, being derived more or less directly from that compound. Thus from Alcohol ($C_4H_6O_2$) by the addition of Nitric acid (NHO_5) are found Aldehyd ($C_4H_4O_2$), water (H_2O_2), and Nitrous acid (NHO_4).

Aldehyd ($C_4H_4O_2$), by displacing three equivalents of its hydrogen with three equivalents of chlorine, (Cl_3) is converted into anhydrous Chloral (C_2Cl_3OH).

But the direct method of manufacturing Chloral, and as practised by Baron Liebig, is by passing Chlorine gas, through pure Alcohol, until the gas comes over unchanged. The result is, in place of the alcohol, a thick syrupy fluid, and is now pure or uncombined Chloral, (C_2Cl_3OH). This Chloral, by adding the combining equivalent of water, is readily converted into the (Hydrate of Chloral (C_2Cl_3OH, H_2O_2), and crystallizes into fine needles, which in crystallization unite and form the somewhat firm mass in which it is seen. These masses are usually about one-eighth of an inch thick, broken into irregular shapes, of sizes to go into large mouth bottles, and appear to have been crystalized upon the flat bottom of a vessel. This substance has, when good, a nearly white color, may be broken readily with the fingers, to which it imparts a sensation of smoothness. The odor is pungent and peculiar; taste the same, differing in both senses from any other of the alcoholic products, at the same time giving a sense of similarity.

This substance dissolves to almost any extent in water, which is its best solvent.

*Indiana Journal of Medicine, January 1871.

10—March.

In solution by the addition of an alkali, as Sodium, the Hydrate of Chloral is decomposed, liberating Chloroform, with a residuum of Formiate of Sodium. Distinguished chemists assert that from 147.5 parts of Hydrate of Chloral, 119.5 parts of Chloroform are produced.

MEDICAL HISTORY.

This article, with some of its properties known, among which its ready conversion into Chloroform, remained dormant for nearly forty years, and has but recently attracted attention from the entire scientific world, by the magic of its effects. Neither are its effects illusory, or imaginary, as is often a fact with newly introduced agents. On the contrary, Hydrate of Chloral is everywhere demonstrating itself to be emphatically the most available, most satisfactory, and most indisputable hypnotic known to the Science of Medicine.

To the sleepless, whether of sane mind, the raging turbulent maniac, whose fury leaves no rest neither day nor night, or the wakeful victim of most sordid melancholia, Chloral "bringest an assuaging balm," *better than "Opium,"* for its sleep is pure and sweet, undisturbed by that "fantastic imagery" of dreams.

The approach of this sleep to the sane is often without a consciousness of growing sleepy; and waking, after the sleep has had full course, is not marked by any effects other than of natural refreshing sleep. In cases of melancholia the same may be said, with very slight modification. In the maniacal the approach of the sleep is also gradual, and may be so observed from the gradual quiet of the body, and the decline of noise, as the sounds grow weaker and weaker, until after the body is at rest, and the eyes closed, there are but occasional mutterings, or sounds as of a single word, after which the sleep is, to all external appearances, natural.

These statements are general, and doubtless subject to some exceptions, but are applicable to a greater ratio of cases than under any other hypnotic. This, perhaps, never failing when given in accordance with the severity of the case, be it mania or otherwise.

The medicine should be administered in solution, using pure or soft water, to which may be added any kind of syrup, if convenient or preferred. But the solution must always be diluted, as otherwise it is caustic to the mucous membranes, producing unpleasant soreness of the mouth, and sometimes pain in the stomach.

Applied to the skin in strong solution, it destroys the cuticle by solution, leaving the epidermis inflamed and painful, with indisposition to heal. It is claimed to be a local anæsthetic.

Hydrate of Chloral was first introduced to the profession as a therapeutical agent, by Dr. Oscar Liebreich, of Berlin, in a publication so late as the year 1869. Dr. Liebreich was led to the investigation of the effects of this agent, from its known

transformation into Chloroform upon reaction with alkalis. Supposing the blood to be sufficiently alkaline to effect this conversion—and also, that the limited quantity of alkali in the blood would not only prevent a too rapid production of Chloroform, but by the continued supply of the necessary alkaline elements produced a limited quantity of Chloroform, until the Chloral should be entirely decomposed; thus continuing the effects of Chloroform on the system until all the chloral be transformed.

These views were first confirmed by experiments upon animals, and not only produced sleep, but general anæsthesia, and finally death from larger doses.

The first treatment of Insanity was also by Dr. Liebreich, in the city of Berlin, in the year 1869. The dose first administered was 20 grs., and increased in various quantities up to 123.5 grs., which produced dangerous symptoms, and considered the maximum dose for an average constitution.

In April, 1870, Hydrate of Chloral was first employed in the Indiana Hospital for Insane. The following is an imperfect account of five cases, and some general observations of the effects of the medicine:

CASES TREATED.

CASE I. Mrs. I. M., admitted Nov. 17, 1870. Acute mania. Duration three weeks. First attack. Cause puerperal. Age 28. Large, muscular and very stout. Noisy, violent and destructive. Sleeps but little.

Her treatment began with bromide of potassium, and other means, including hypodermic injections of morphia, belladonna, etc., but with no effect. Medicines were administered with difficulty, but she took them sufficiently to show that nothing was being accomplished.

May 14th. All medicines have been suspended two weeks. She is still noisy and violent. She is restrained part of the time, and isolated, as she often becomes furious at the presence of other persons.

Chloral was first given, 10 grains at bed time. This produced sleep for most of the first night, less of the second, and afterward did not produce sleep without being repeated. After a week, with no abatement of symptoms, she was ordered 15 grains at 8 P. M., to be repeated every hour until asleep. She usually slept with one dose until one or two A. M., and again after another dose, until morning, when she would waken, noisy and wild as ever. She sometimes refused food, and again ate enormously, if allowed. She was next ordered 15 grains every hour day or night, until quiet or asleep. This course was continued five days and suspended. In six hours after the last dose, she was as wild noisy and violent as before. During the five days, pulse 80 to 100 and small; sordes in mouth, tongue coated, appetite precarious.

She is considerably exhausted, but this may not be attributed to the medicine, as the system was becoming depraved before its administration. She has acquired great repugnance to the medicine, and resists terribly when it is given her. This is probably on account of the sensation it produces, as she says, "I don't know nothing when I take it." After a few days suspension, the Chloral was resumed only at night to produce sleep, and prevent her noise. She usually slept from three to nine hours with one dose, 15 grains, administered at bed time; but occasionally the dose had to be repeated once or twice before sleep. This course was continued two months. The mania gradually subsided, and reason returned. Her repugnance to the medicine subsided until she took it willingly. Her mind was entirely restored, and she was discharged in October.

CASE II. Mrs. L. A. C., admitted April 6, 1870. Acute mania; duration two months; cause, domestic trouble; first attack; age 52; figure tall and lean; general health below medium; she is noisy, talks loud, and sings night and day; sleeps only at short intervals, and some nights none; she was treated for five weeks with the usual remedies, without satisfactory results. Hydrate of Chloral was ordered, 15 grains at 8 P. M., to be repeated, if not asleep, in an hour. Took the second dose, and slept until morning. Next day, until noon, would sit quietly, talking in an undertone. In the evening she was wild and noisy. The medicine now ordered, 15 grains every hour from time excitement begins until quiet or asleep. After a week, it was found that when the medicine was suspended the mania returned with no amelioration. There is appearance of depression and exhaustion. After this the medicine was only given at night, sufficient to produce sleep. Seldom more than one dose was required. The mania gradually ceased in two months, and the medicine was no longer required. She recovered her mind slowly. She is now, Nov. 29, 1870, in the hospital but convalescent.

CASE III. Miss M. M., admitted April 27, 1870. Acute mania; duration one month; cause catamenial suppression; first attack; age 19; physically, or healthy appearance and stout; very noisy and destructive.

First gave 15 grains bromide potass. every three hours, or 120 grains per day. This was continued six days, with no perceptible effect, as to the mania, or sleep. She was allowed to pass three days without medicine, and continued the same extreme mania. The Hydrate was begun in 10 grain doses, which was found insufficient, and it was given 15 grains every hour, day or night, until quiet or asleep. One dose was sufficient usually, at night, to put her to sleep; but on waking about the middle of the night, she would immediately begin screaming, singing, and tearing her bedding. She was restrained to prevent this destruction. During the day she did not become quiet

with 15 grains. At one time 45 grains were given, before quiet, and then she slept. In an hour after asleep, she was not easily wakened. The restraints were removed without effect upon the sleep, which appeared like natural, deep sleep. Respiration slow and full; pulse 80, and good. She slept six hours and wakened wild as before. She was kept under the constant influence of the medicine for three weeks, at the end of which time the mania was no better.

The Hydrate became extremely repulsive, and was resisted so that at last all attempts at administration were entirely baffled. The corners of the mouth, and sides of face and chin, were much excoriated, apparently from acrid saliva, which ran from the mouth during sleep; probably aggravated by the caustic effect of the medicine, which was often ejected from the mouth. The constant use was now suspended, as the effect was found to be only temporary. There are many symptoms of exhaustion, as loss of flesh, weakness, pulse feeble, small, and frequent. She has also less consciousness than at first. All indicating the prognosis of death from acute maniacal exhaustion.

No Chloral or other medicine was given for two weeks. She was at this time more quiet than since admission, with occasional returns of the mania. The Chloral was now ordered at night when she became noisy, and general tonics during the day. She took the Chloral and other medicines kindly. Her physical health recovered slowly, catamenia returned, with increase of excitement, which subsided as she grew better in health. She is now (Nov. 29, 1870), in the Hospital, but convalescent, and considered cured.

The following are two cases of melancholia, to each of which 120 grains of the Hydrate were given in nine hours, and show the effects of large doses.

CASE IV. Mrs. S. A. B. Was discharged last year, restored. Re-admitted March 9, 1870. Acute melancholia, with delusions of danger, cries, etc., Second attack; duration six months; cause supposed to be dyspepsia; she has a good constitution; converses freely and sensibly on most topics. Complaints of constant headache, with a sensation of weight bearing down upon the brain. She sleeps but little, and her sleep is much disturbed by dreams or nightmare, so that she has a dread of sleep.

All the ordinary hypnotics were used without satisfactory results. Having recently read of larger doses being customary with those of more experience, the Hydrate was ordered for this case in 30 grain doses, beginning at 9 P. M., and to be repeated each hour until asleep. Quite surprisingly three doses (90 grains) were required before sleep. She slept until morning, when she got up as usual. Before going to breakfast, at 6 A. M., another dose (30 grains) was given her. There were at this time no unusual sensations, but she rejoiced in her good sleep, and freedom

from her dreaded dreams. She ate breakfast as usual, but on attempting to go from the table, could not walk, and fell down quite helpless. She was carried to bed, and when seen in a few minutes was found scarcely able to resist sleep, but with a feeling of fearing lest she die, and attributed her condition to the last dose of medicine. She was easily assured there was no danger, and slept an hour, waking with vomiting, and a sensation of suffering in the region of the heart, with distress in breathing, as if insufficient. Pulse 100 and small. After vomiting she slept another hour, and was wakened without difficulty. Talks, laughs, and has many symptoms of the partial effects of chloroform. She slept again until noon; got up, took dinner, and said, "I feel all right now, but my head feels funny." She remained up and did not sleep until the usual bedtime (8½ P. M.) Slept all night with no dreams. Next morning said, "That medicine hit me in the right place." Second evening felt natural sleepiness. Took no medicine. Slept all night, but had the dreams near morning. Third night, slept, but had the dreams as before. The Chloral was continued at night for some time. Her health and mind recovered. Discharged restored.

There is reason to believe that the effect of 120 grains, continued until the morning of the second night after the specific effect, or about fifty-six hours from the first sleep on the first night. The similarity to the effects of chloroform also furnishes additional evidence of conversion into that agent.

CASE V. Mrs. A. P. Admitted April 18, 1870. Acute melancholia; first attack; duration four months; cause religious excitement; delusions that her family are to be lost; sleeps but little; constant dull headache; converses rationally, excepting on her delusions.

At the same time she took 90 grains Chloral in three hours, as did case IV, before sleep was induced. Slept until morning, and took 30 grains before breakfast. On rising from the table, could not walk. Had similar sensations of fear and distress of breathing as Mrs. B. Slept most of the forenoon; was nauseated, but did not vomit; ate no dinner; was up during afternoon, and sleepy; not inclined to talk or laugh. The following night slept, but was nervous next day. Next night slept, and felt better the following morning. After this her sleep was imperfect as before the Chloral. It was used at night until she became better. Discharged restored.

DEDUCTIONS.

From the preceeding cases, and from general observation of the effects of hydrate of chloral, the following deductions may be derived:

I. It is more reliable in all classes of cases of wakefulness than any other agent known.

II. When given for an indefinite length of time, in extreme cases of acute mania to the extent of producing quiet or sleep,

it has no perceptible effect in allaying the mania, but when the medicine is suspended the mania is as violent as before.

III. In acute mania, the effect of healthy sleep is not demonstrable after sleeping from this medicine; as the general symptoms of maniacal exhaustion proceed apparently with the same rapidity as when the mania is allowed to continue, even with prolonged loss of sleep.

IV. In sub-acute mania, melancholia, and other mild forms of wakefulness, great benefit is undoubtedly derived, and may be confidently expected.

V. The action of the Chloral depending upon an alkaline condition of the blood for its change into chloroform—upon which change the specific effects are based—it may be suspected, in all cases of failure, that the blood is not alkaline; but may be in a morbid state, and either neutral or acid. In which event the condition of the blood may be corrected, and Chloral again administered. But alkaline correctives should not be resorted to while the system is supposed to contain any large quantity of chloral recently administered, else dangerous results may follow.

Finally, it is asked that these views be indulgently considered. They are embryonic, and at present, with the writer, are but a text for further study. Your charity, advice, experience, or criticism will either, or all be kindly acceptable.

REMARKS BY E. M. HAILE, M. D.

The above as a contribution to the history of chloral, is not unworthy our notice, but as proving anything definite relating to its curative effects, it is not very important. Under appropriate homœopathic remedies I have known sub-acute mania idiopathic and puerperal, recover in much less time than in the above instances. As a remedy in such cases I consider *Cimicifuga* superior to Chloral, while *Platina*, *Stramonium* and *Veratrum viride* are often of great value. The following was communicated to the *Chicago Tribune* as the result of some of my observations:

CHLORAL EATERS.

This new narcotic, or anæsthetic, of which you have frequently made mention of late, bids fair not to be as harmless as was at first supposed.

Dr. Reilly, in the *Health Lift*, seems to be aware of this fact, and mentions that it aggravates rheumatism, some skin diseases, and causes irritation of the nasal and laryngeal mucous surfaces.

Reports of its dangerous effects are becoming quite common in the medical journals, notwithstanding some physicians are so enthusiastic as to declare it to be harmless, in the enormous doses of forty and sixty grains.

I have of late observed that its use is quite common among men and women of nervous temperament, for the relief of pain and sleeplessness. But there is a danger attending its indiscriminate use, and of this danger the public ought to be warned.

As we have opium-eaters, hashish-eaters, etc., we have now chloral-eaters. No less than a dozen came under my own observation. One prominent clergyman of this city related his "experience" to me, and, as it coincides with that of others, it is given as an example.

For a few nights—it was taken for sleeplessness—its effects were very pleasant; then came on a peculiar dimness, or weakness of sight; he had to read with one eye at a time—for a minute or two with each. If one eye was used longer than a minute, the words and letters became blurred and indistinct.* The eyes became congested, the lids swollen and partially paralyzed. The tongue had a peculiar appearance, a black streak, like that caused by ink—extended the whole length of the tongue, in its center. This symptom is diagnostic of chloral-eating, and I have always observed it in those who have taken the drug any length of time or a few days or weeks.

It is not easy to break off this habit, for a discontinuance of its habitual use causes symptoms resembling *delirium tremens*. The same results follow the habitual use of bromide of potassa, and, singularly enough, the bromide of potassa in small doses is the best antidote of chloral, although Gelseminum is some in cases equally valuable. A case is reported of a man who took two drachms (120 grains) in the evening. He slept twenty-four hours, and on awaking found his arms and legs paralyzed. Yet a gentleman informed me that, after taking chloral in fifteen grain doses every night for a week, a numbness of the arms, with which he had been troubled for years disappeared, and has not returned.

Death from Hydrate of Chloral.—Dr. George G. Needham reports in the *Journal of Psychological Medicine* a case of fatal cerebral congestion following the administration of Hydrate of Chloral to a married woman, aged 50, of hysterical diathesis, who had suffered for some two years with symptoms of mental derangement, consisting of distressing "nervousness," fear of impending death, hesitation, suspiciousness, etc. Ophthalmoscopic examination showed an enlarged and tortuous condition of the

* In some cases everything appears colorless—or white.

retinal vessels. In October, 1870, the loss of a relative threw her into a state of much excitement, for which she took, on October 19th, 115 grains of bromide of potassium. On the 21st, Chloral hydrate was prescribed in thirty-grain doses, of which she took six, as follows:—On the 21st, at 5:30 P. M. and 11 P. M.; on the 22d, at 10 A. M. and 3 P. M.; on the 23d, at 1 A. M., and 8:10 A. M., and 1:30 P. M. On the afternoon of the 22d she was sleeping quietly, with a somewhat rapid pulse, and was found in the same condition at two visits (morning and evening) on the 23d. On the morning of the 24th, her continued sleep created alarm, and ineffectual attempts were made to rouse her, which were maintained during the day and night. Sulphate of strychnia was thrice injected in doses of one-thirtieth of a grain at intervals of four hours during the night. Coma progressed to a fatal termination on the afternoon of the 25th. The autopsy revealed extreme hyperæmia of the pia mater and brain substance. A year before, the patient had taken nearly the same quantity of Chloral within the same period of time without ill effects. The writer suggests that the previous administration of a long course of bromide of potassium may increase the danger of full doses of Chloral.

PROVING OF CARBOLIC ACID.

BY E. C. PRICE M. D., OF BALTIMORE, M. D.

Æt 43. Brown hair, blue eyes, 5 feet 10 $\frac{3}{4}$ inches in stockings, weight 186 to 193. In perfect health except chronic eczema of scrotum and inside of thighs.

At 4:20 P. M. August 14th, 1869 took, on sugar of milk 5 drops of Carbolic acid 3d centesimal, prepared from the 3d dec., The 4th centesimal, of this would have been equivalent to the 5th dec. Shuddering sensation when I took it in my mouth; imagined I could taste the acid, 8 P. M. 5 drops. No symptoms.

17th.—7:30 P. M. 10 drops in water.

18th.—Aching soreness beneath the left patella, all day up to about 4 o'clock P. M., feels like it would be stiff and sore to move it, but on the contrary, during motion it is not felt at all.

5 P. M. took 20 drops. In about half an hour slight pain over right eyebrow, the same kind of pain but in a milder degree under the right patella both symptoms of short duration. 6:20 creeping shuddering, or horripilation in the left fore-arm, running upwards, unusual appetite for supper. 7:35 P. M. pain returned in left knee but not so severe as during the day. 8:12 P. M.; pain in left outer malleolus. 7:52 P. M. pain in second phalangeal

joint of middle finger right hand. 7:57 pain in under surface of big toe of left foot.

8 P. M. 50 drops about 45 minutes after having taken supper of bread, butter, tomatoes sliced with salt and pepper, canteleup and cold water.

About half an hour after taking the last dose walked out to see a patient, had a deep seated muscular pain, on the inside of the upper third of the left thigh, that almost made me walk lame, lasted from 5 to 10 minutes. Felt well when I came home and went to bed, slept well, but had to rise about 5 o'clock to urinate, a very unusual thing, also passed a larger quantity than usual.

19th.—Took 10 drops 3 dec. at 9 A. M. About 6:30 P. M. spasmodic and painful contraction of the œsophagus just behind the pomum adami while drinking ice water, was painful for several minutes.

A very slight pain for a few minutes at two different times over the right eye. No other symptoms.

8:15 P. M. took 30 drops.

20th.—Rheumatic pain in right shoulder-joint nearly all day I regarded it as an attack of rheumatism in the shoulder, having suffered with several attacks during the last 18 years, they never lasted less than three or four days, this passed off suddenly in the evening like all the other carbolie acid pains. It appears to be characteristic of them that they come *suddenly* and *leave as suddenly* (Belladonna) with one or two exceptions the pains have not been very severe.

21st.—Pain on inside of left knee joint lasting for a considerable time. A small pustulous vesicle a little to the left of vertex.

23d.—Pain for a few minutes on inside of left knee joint tonight. 8:45 P. M. took 20 drops 2 dec. About 10 P. M. severe bruised pain beneath the left tendo Achillis close to posterior part of tibia as if I had been struck with a club; in a few minutes it disappeared for a short time, when I had a sharp pain in middle joint of large finger of left hand this pain was only momentary when it went back (but less intense) in the leg again.

24th.—About 7 P. M. while walking bruised pain in the middle of anterior part of right thigh, deep seated and lasting only for a few minutes.

The symptoms have not been numerous, mostly at long intervals apart. The pains though often acute have not been excruciating, have appeared most frequently on the left side, came and went very suddenly, and generally lasted but a short time, they generally affected the muscles and joints, but not the bones.

Obstetrical Department.

ON THE INFLUENCE OF CHLORAL ON THE PAIN OF PARTURITION.

BY E. LAMBERT, ESQ., [EDINBURGH MEDICAL JOURNAL, AUG. 1870 P. 132.]

In this paper, read before the Edinburgh Obstetrical Society the author alludes to the fact that "when chloral was brought before the profession, Sir James Simpson was foremost in prosecuting inquiry into its therapeutic value, and published a paper on the subject in the *Medical Times* (London). The author remarks that "chloral could not claim to supplant chloroform, since it abolished consciousness to a less extent, placing the patient, as it were, midway between consciousness and unconsciousness, and rendering her incapable of that control which is essential during the close of the second stage; but this admission only placed in a stronger light the admirable properties of the agent when applied to the relief of pain during the first stage of labor, at a period when it is generally conceded that chloroform is hurtful.

As *the* hypnotic of this first stage, chloral stands as yet uninvallid; we have only to remember that opium, our only sure refuge, must be administered with the knowledge that we are conspiring, though for a higher end, against the course of labor."

The author reports eleven cases, in the history of which, and in comments upon them, some interesting points are developed. He arrives at the following conclusions:

1. Chloral is an agent of great value in the relief of pain during parturition.

2. It may be administered under favorable circumstances during and at the close of the second stage, with the result of producing absolute unconsciousness in the same sense in which we understand unconsciousness under chloroform.

3. When thus given successfully, it has this advantage over chloroform, that it requires no interference with the patient.

4. It is desirable to retain chloroform in the position which it at present occupies in midwifery, and to reserve for the agency of Chloral the first stage of labor. If, however, Chloral or some agent having analogous properties is found successfully to relieve the pain of uterine contraction, the use of chloroform will be restricted to a lesser period of the duration of labor, or to the facilitation of manual or instrumental interference.

5. It is demonstrated that a labor can be conducted from its commencement to its termination, without any consciousness on the part of the patient, under the sole influence of Chloral.

6. The exhibition of Chloral in nowise interferes with the exhibition of Chloroform.

7. The proper mode of exhibiting Chloral is in fractional doses of grs. xv every quarter of an hour until some effect is produced; and according to the nature of that effect the further administration is to be regulated. Some patients will require doses of 3 i; and it is better to produce an anæsthetic effect by 3 iii given in the space of two hours than by 3 i given singly.

8. The effects of Chloral are continued beyond the period of complete parturition, and the repose experienced by the patient after her labor, is one of the favorable circumstances to be noted in considering its application to child-birth.

9. Any stimulating effects, in the form of general excitability, occasionally observed during the administration, have passed away very rapidly.

10. Chloral not only does not suspend, but rather promotes uterine contraction by suspending all reflex actions which tend to counteract the excitability of the centers of organic motion.

11. Labors under Chloral will probably be found to be of shorter duration than when natural, for unconscious contractions appear to have more potent effects than those which are accompanied by sensation of pain.

12. Experiments are required in order to determine whether there exists the same antagonism between Ergot and Chloral as is known to exist between Strychnia and Chloral.

13. The general conditions under which chloral is to be administered, are the same as those which regulate the administration of Chloroform, and the rules laid down by Sir James Simpson in connection with this subject must be rigidly adhered to.

American Observer.

MARCH, 1871.

EDWIN A. LODGE, M. D., DETROIT, GENERAL EDITOR,

The Homœopathic Hospital College, Cleveland, Ohio.—The Medical College the name of which was recently made the "Homœopathic Hospital College at Cleveland," was established twenty-one years ago in that city. It was at first in the upper story of a block on the corner of Prospect and Ontario streets, afterward a building was built for the college on Ohio street, where it remained for seventeen years. Subsequently that building was sold and in 1868 the Humiston Institute property on what is known as University Heights was purchased and there the college is now located. In connection with this institution a homœopathic surgical, medical and lying-in hospital was established about three years since, and its advantages to the college are obviously great. Ophthalmic and aural clinics have been established here for the first time in a medical college west of the Atlantic coast.

The method of instruction in the college differs materially from most if not all other similar colleges. The proficiency of the student is daily tested in four ways, one test justly considered an important one, being what is called a written "quiz" on prepared blanks. A system of clinical prizes, aggregating at present \$2,00 are offered for the first time in medical colleges. Another feature is the admission of women as students, of whom there are a number at present, and four on Wednesday received diplomas, after having passed a satisfactory examination in the several branches of study.

The twenty-first annual commencement exercises occurred Wednesday afternoon. A large audience, composed for the most part of physicians, students, and friends, gathered in the principal lecture room. After the introductory exercises, Rev. T. B. Forbush delivered the annual address: a sound, able and interesting discourse, replete with excellent advice. After this address, Prof. T. P. Wilson, President of the College, conferred the degree of *Medicinis Doctor* on the following:

GRADUATES.

Mrs. J. A. Dunning, New York.	S. S. Mills, Cardington, O.
Mrs. Julia A. Ford, Wisconsin.	C. W. Hayes, Illinois.
Miss Anna A. Sowles, New York.	W. H. Wise, Mansfield, O.
Miss Mary E. Hughes, Iowa.	L. L. Leggett, Zanesville, O.
F. H. Barr, New York.	S. Hoag, New York.
J. H. Wilson, Kenton.	J. C. Ellsworth, Dayton, O.

L. D. Eaton, New York.	B. H. Lawson, Michigan.
N. R. Gilbert, Ontario.	A. Baldwin, Jr., Cleveland, O.
A. J. Kreihbiel, Cincinnati, O.	C. W. Hamisfar, St. Mary's, O.
J. Schneider, Berea, O.	A. Colvin, New York.
George A. Slack, Clarksfield, O.	J. H. Mc Lellan, Ontario.
H. W. Osborn, Wisconsin.	J. Q. Smith, Springboro, O.
E. M. Hall, Cardington, O.	M. B. Garver, Pennsylvania.
O. P. Sook, Newark, O.	S. P. Town, Michigan.
A. W. Blakeslee, Cleveland, O.	E. Ulrich, Cincinnati, O.
O. S. Runnels, Columbus, O.	George Wright, Pennsylvania.

The Honorary degree M. D, was conferred upon R. S. Gee, of Wisconsin, and J. W. Healy, D. D., LL. D., of New Orleans,

After the conferring of the degrees Dr. T. P. Wilson delivered the following address to the graduates which will be found interesting and containing ideas concerning the qualifications of a physician from which no one can dissent.

ADDRESS OF DR. WILSON.

Allow me, before bidding you a final adieu, to call your attention to one important matter. I desire to do this because it involves a question of no small magnitude pertinent to this occasion. The question I refer to relates to matters between you as medical graduates, and the public as medical patrons, and as both of you are now here I cannot resist the inclination of calling up the question for the purpose of making, so far as is possible, a final settlement of it, or at least offering a much needed explanation. With each recurring commencement day the interested—and shall I say alarmed?—public comes to us, and says, “Well, how many do you graduate this year?” “Forty, more or less?” And then the horrified public lifts up its many hands, and, through its many mouths, exclaims: “The Lord have mercy upon us if you are going to send out so many that, authorized to scientifically destroy human life!” This short colloquy contains the point about which it is needful to shed more light. I do not refer to the obvious inference the expression carries—that medical practice is necessarily homicidal, that its practitioners prey upon the lives as we all know they do upon the pockets of the credulous public. This well-grounded opinion of well people—for mark you, the sick never indulge in such questionable pleasantries in the way of talking—may or may not be true. But the great error in the case is that the public supposes that all those who graduate from medical colleges are necessarily to become practitioners of medicine. And moreover, the graduates themselves are impressed with the same idea. They think because they hold a diploma they must of necessity enter the field of practice. Now I do not hesitate to say that this is a monstrous and fatal error. If you as graduates possess no other qualifications for the responsible and sacred duties of medical practitioners than what is included in the diplomas you have just received, then—well, then I say you are poorly qualified, that is all. Your are not fitted for such task. Look at your diplomas ladies and gentlemen. Do they certify that you are amply

qualified to enter the field of medical practice? They are certificates of your mental qualifications and your good moral character. But goodness and learning do by no means comprehend all the qualifications of a practitioner of medicine. You have shown yourselves to be good students, but we do not know—you yourselves do not know—only the God who made you knows whether, after all, you will make good doctors. The knowledge you have gained in the long course of studies you have pursued is nothing so extraordinary after all. Do not, I beg of you, be unduly puffed up with it. You have learned the structure and laws of the human body. Such knowledge belongs by right to every man and woman in the land, and had we the power they would all become wise like ourselves in the mysteries of anatomy and physiology. But then it does not follow that they should attempt the practice of medicine. This noble temple dedicated to Hygeia, the goddess of health, and to Esculapius, the god—shall I say father—of medicine, holds no aristocratic prerogatives and privileges. Its benefits are not offered to a privileged few. The humblest child of Adam seeking

“ The greatest study of mankind ”

to know, cannot knock at these doors in vain. He can enter as you have, and is welcome as you have been to all that may be known of the mysteries of the human body. But if his moral character and acquirements warrant, he will in due time hold the evidences of his proficiencies in the shape of a diploma. And does it follow that he must eventually undertake to practice medicine? By no manner of means. Added to his knowledge must be a category of virtues that I can not stop even to mention. I only insist that he shall have vastly more than his diploma warrants before he can make such an important venture. You have done well thus far in the prosecution of your studies. You hold to-day the coveted, and I may add, well earned diploma of this institution. But before you take the next important step, I beg you to stop and consider in what direction that step shall be taken. Divest yourselves of that mischievous notion that as a matter of consequence you must become a doctor because you have graduated. Let me in your behalf offer this calming assurance to an alarmed and excited public that you will not offer your services to the people until you are fully satisfied that a sense of duty and peculiar fitness for that business lead you to undertake it. Other fields than that of medical practice offer their opportunities.

What you have learned here will be of use to you in the legal profession, if you choose to enter that—will be of incalculable advantage to you though you should wear priestly robes. Commerce, and every department of the arts and sciences are in need of such information as you now possess.

And now before you definitely answer this question as to your future career, you had better stop and enquire if, after all,

you are not best fitted to hold a plow, or swing a hammer, or to bake bread, or rock a cradle. You may not deem these noble callings but they are very noble when they are nobly followed. And they who perform them well, are infinitely superior to the man or woman who makes a botch of doctoring. I beg you not to wait until you have made a total failure of all your lives before you find out whether or not you are capable of practicing medicine. If you are in doubt about the matter—seriously in doubt, then for humanity's sake, give the world the benefit of that doubt and go at once about some other business. You need never try to become a successful medical practitioner until your bones ache to undertake the work; until your whole being, soul and body, feels a divine calling impressed upon it to engage in the great business of healing as a life work. If you come to me and ask a settlement of this question I make bold to answer that I do not think all of you who have graduated this day are fitted to enter upon the duties of a practitioner of medicine. I cannot say, for I do not know just which of you this statement might refer to. But this college never sent forth a class of graduates all of whom made a success in the field of practice. The number of those who make a bare living in the work is not large; the number of those who achieve marked success is quite too small, and the names of those who rise to positive eminence in the profession is not legion. How many of you going out of these halls shall become renowned, and how many sink into forgetfulness, I'm sure I cannot say; but I shall look with the most painful interest upon you who make a failure in your calling because you mistakingly supposed you were fitted to be a doctor—because you erroneously supposed you were somehow obliged to be a doctor, because you obtained a diploma from a medical college. But if, after all this and more, you are determined to enter upon the duties of medical practice, then Heaven grant that you may so adorn and exalt the medical profession that it may ere long wipe out the stain of reproach that makes the annual college commencements a time of terror to the public mind.

The valedictory address was delivered by Prof. N. B. Wilson; after which, the regular college exercises being closed, Prof. J. C. Sanders delivered a fine address to the Hahnemann Society.

THE BANQUET.

In the evening a party of about one hundred ladies and gentlemen, professors, trustees and students of the college, and friends assembled at the Kennard House. At about half-past eight, o'clock supper was announced, and the company gathered around the handsomely arranged and beautifully decorated tables in the dining room. The bill of fare included nearly every delicacy of the season, and the dishes served up were properly appreciated. After the feast, Dr. T. P. Wilson, presiding, called the attention of those present, and read the following toasts, which were responded to as indicated:

To the memory of Samuel Hahnemann; and of Dr. John Wheeler, the first President of this college. Drank standing and in silence.

The Cleveland Homœopathic Hospital College; may it be a beacon light, ever revealing the truths of medical science and reform. Dr. A. O. Blair.

Our graduating class, just entering upon the race; they will not fail to obtain the honors of the profession, and the goal of their ambition. Dr. E. M. Hall.

Law and Medicine; they go hand in hand, giving and receiving. Gen. G. M. Barber.

Woman as a Physician. Dr. J. C. Sanders.

The under graduates; candidates for future honors, continuing as they have begun, they will not be found laggards in the race. Dr. G. M. Ockford.

The lady students: able coadjutors in developing the science of medicine. Mrs. Dr. Julia Ford.

Our Materia Medica; a triumph of science and a boon to the whole world. Professor H. H. Baxter.

Our alumni. Dr. D. H. Beckwith.

The ladies, God bless them; they are the only cure for palpitation of the heart. Dr. M. B. Lukens.

The Press; both pendulum and dial, accurately measuring and faithfully declaring the march of the world's thought. E. D. Stark.

Medical Science; no matter in what language it is written, it is "all the same in Dutch." In German by Dr. E. Uldrich.

This part of the entertainment finished, the party adjourned to the parlors until the tables were cleared from the dining room, and then there was dancing for several hours.

Hahnemann Medical College of Chicago.—The Commencement exercises of Hahnemann Medical College were held Feb. 22., at the college building, on Cottage Grove avenue. Professor J. S. Mitchell delivered a lecture illustrated with a number of highly-interesting physiological experiments, before the alumni, at 11 o'clock. A canine of unbleached hue, and pedigree of unmistakable character, was introduced in an etherized condition to the audience. The operation of tracheotomy was first performed, and the chest of the animal was opened, exposing to view the heart and lungs. By means of a tube in the trachea artificial respiration was established. The supply of air having been suspended for a few moments the heart became engorged with blood of a venous character, as shown by the darkened color. When the heart's action had nearly ceased, the lungs were insufflated artificially, and the venous blood was replaced by blood properly oxygenated, and the heart resumed its normal activity and color. At this point the dog wagged his tail as though he rather enjoyed being a subject for scientific experiment.

The canine being removed, the professor gave some points connected with the nervous system. A pigeon was produced, from which the cerebrum, or great brain, had been removed. It remained standing on the table stupidly staring about it, seeing and hearing everything, sensible of all ordinary things, but hav-

ing no sense of danger, making no effort to escape. If disturbed it immediately resumed its motionless condition. The function of the cerebrum was thus shown to be connected with the intelligence of the bird, presiding over the intellectual faculties, memory, judgment, etc.

Another pigeon was then brought in, from which the cerebellum, or little brain, had been removed. This bird was in striking contrast to the other, making irregular, but violent efforts to escape, falling first on one side, then on the other, sprawling about loosely as though John Barleycorn was in command.

Prof. Mitchell then stated the different views held in regard to the functions of the cerebellum. The idea held by Flourens, and accepted by almost all physiologists, was that the cerebellum presided over the power of co-ordinating muscular movements. The latter experiment seemed to confirm this view.

To show however, that all animals did not lose this power when the cerebellum was destroyed, a frog was brought forward and the connection severed between the head and spinal column, and the cerebellum broken up. After the animal had recovered from the shock, it showed that the power of co-ordinating movement was not lost, for it walked about in true frog fashion. The lecturer then stated that this experiment seemed to show that the co-ordinating power lay in the spinal cord rather than in the cerebellum, and he believed, from the facts given by pathology and comparative anatomy, that the function of the cerebellum was connected in some unknown way with the intelligence. Experiments were then given of nervous and muscular irritability.

THE ANNUAL COMMENCEMENT EXERCISES.

At 3 o'clock the lecture room of the college was filled with a large audience to witness the conferring of the degrees. Prayer was offered by Rev. Dr. Allen, after which the dean of the college read his report. He said that the corner-stone of the new college building was laid June 8, 1870, and on the 3d day of October, the introductory lecture of the course now closed was given in the building. Since that time there had been given thirty lectures each week, making over five hundred this term, and more than five thousand medical lectures had been delivered since the organization of the college. During the last session thirteen teachers had lectured on each of the branches pertaining to a thorough medical education; in the department of surgery alone the class had witnessed more surgical operations than had been performed before the pupils in the ten preceeding years and the other branches had offered equally improved advantages, and at no time had there been so large a class of matriculant; or had the candidates for graduation, as a class, shown better preparation for the degree about to be conferred. He then pre-

sented to the Faculty and Trustees the names of thirty-seven candidates for the degree of Doctor of Medicine and Surgery.

Prof. F. A. Lord called the roll and Prof. A. E. Small, the President of the college, presented diplomas to the following

GRADUATES.

Jas. B. Bennett, <i>Kansas.</i>	Mathew McCullom, <i>New York.</i>
Francis H. Berrick, <i>Michigan.</i>	W. R. McLaren, <i>Canada,</i>
Mrs. M. B. Camm, <i>Wisconsin.</i>	E. P. Miller, <i>Illinois.</i>
Levi W. Carter, <i>Illinois.</i>	J. W. Noble, <i>Wisconsin.</i>
L. J. Clark, <i>Wisconsin.</i>	W. H. Parsons, <i>Illinois.</i>
Wilbur R. Condell, <i>Illinois.</i>	R. W. Pratt, <i>Illinois.</i>
Edward F. Dann, <i>Wisconsin.</i>	Stephen Porter, <i>California.</i>
Edward T. Craft, <i>Illinois.</i>	C. W. Prindell, <i>Michigan.</i>
Geo. E. Cowell, <i>Illinois.</i>	F. B. Righter, <i>Wisconsin.</i>
J. E. Gilman, <i>Illinois.</i>	S. J. Ricker, <i>Illinois.</i>
Jos. W. Haines, <i>Ohio.</i>	G. T. Rand, <i>Michigan.</i>
Mrs. Rachel H. Harris, <i>Iowa.</i>	G. M. Saunders, <i>Minnesota.</i>
Alex. W. Hendrick, <i>Illinois.</i>	W. G. Unland, <i>Illinois.</i>
Jos. Hensley, <i>Kansas.</i>	M. R. Waggoner, <i>Iowa.</i>
R. L. Howard, <i>Illinois.</i>	E. H. Wilson, <i>Illinois.</i>
A. E. Higbee, <i>Minnesota.</i>	W. W. Wilson, <i>Illinois.</i>
A. E. Ingersoll, <i>Montana.</i>	T. D. Williams, <i>Illinois.</i>
A. H. Kalbfleisch, <i>Illinois.</i>	S. P. Yeomans, <i>Iowa.</i>
J. W. Marslins, <i>Sweden.</i>	

Prof. R. N. Foster, of the Faculty, then gave the valedictory address to the graduates. He compared the graduation ceremony to that of marriage—the diligent wooing and anxious efforts to secure the prize and the festive bewilderment after the prize is won. Graduation and marriage usually happened but once in a life time, and decided in a great measure the future career; also without devotion to the chosen one, cases of utter incompatibility would occur between the chooser and his choice. It depended upon these graduates, and their Alma Mater relied upon them, to guard the honor and dignity of the profession under all circumstances. He then spoke of professional growth. It required a man to be alive in his work, assimilating to himself everything that could aid him in his professional career; he must take an artistic delight in the study of the wondrous play of life in the human organism, and study critically and carefully its mysterious resources. As homœopathic practitioners, attention must be directed not alone to the grosser feculent products, but to the earlier symptoms, the passing lights and shades of disease. A physician should have an ear for the whisper of disease as well as the shriek, and be prepared to interpret aright, and prevent as well as cure.

Homœopathy leads to the very poetry of therapeutics. It is the last advance step. Men who, with their diplomas under their arms, cease studying, and quit hard work, are positively dangerous to their patients. He therefore recommended a careful study, of each case, from bedside to book, returning again and again till, in due time, experience would entitle the opinions of the physician to the professional respect of his brethern. To the

physician therapeutics was everything. A knowledge of, and description to a patient of the condition he was in availed nothing, unless therapeutics could be applied to relieve, and it was all that the patient cared for. Anatomy, physiology, and the rest were all branches; but therapeutics was the trunk. He advised a good knowledge of the peculiar therapeutics of each of the three schools, for in that way the student would acquire a breadth and thoroughness of comprehension not otherwise possible; and would divest himself of the curse of narrowness and bigotry. He spoke also of the growth of the public confidence and belief in the doctrines taught in the college as exemplified by the progress made here and elsewhere, and bade the students God-speed in their chosen work.

Dr. A. E. Ingersoll, one of the graduates, then delivered the valedictory on the part of the students. In a few well chosen remarks, he thanked the Faculty for their unremitting endeavors to promote the well-being of the students, paying an especial compliment to the President. He closed with a farewell address to the class, and Rev. Dr. Allen pronounced the benediction.

The New York Homœopathic Medical College.—The eleventh annual Commencement of the New York Homœopathic Medical College was held March 2. at Association Hall. The stage was occupied by the members of the faculty, S. H. Wales, Vice President of the Board of Trustees, presiding. After prayer by the Rev. Dr. Dowling, and music by S. P. Warren, the Chairman introduced the speaker of the evening, the Rev. Dr. John Hall, who urged his hearers to act worthy the name of "medical gentlemen." The degree of M. D. was then conferred upon

Oscar M. Barber, <i>Mystic Bridge, Conn.</i>	Edwin Lodge, junr., <i>Detroit, Mich.</i>
William C. Bryant, <i>Brooklyn, N. Y.</i>	J. L. Monmonier, <i>San Francisco, Cal.</i>
Edmund Carleton, jr. <i>New York, N. Y.</i>	E. C. Parke, <i>Yates, N. Y.</i>
Charles A. Church, <i>Norwich, N. Y.</i>	Charles F. Scudder, <i>Northport, N. Y.</i>
George M. Dixon, <i>Ripon, Wis.</i>	E. Z. Schnucker, <i>Reading, Penn.</i>
S. Wardwell Goodrich, <i>Melrose, Mass.</i>	A. T. Schuman, <i>Gardiner, Me.</i>
Rollin B. Gray, <i>Brooklyn, N. Y.</i>	T. Morris Strong, <i>Ithaca, N. Y.</i>
J. E. Hartranft, <i>Penn's Grove, N. J.</i>	A. Uebelacker, <i>German Valley, N. J.</i>
William Lee, <i>Oxford, Ohio.</i>	

The prizes were then awarded, T. Morris Strong of Ithaca, N. Y. taking the first and second, and George F. Hurd the third, for the best thesis and records of clinical demonstration. The valedictory on behalf of the class was delivered by E. Carleton, jr. and responded to in behalf of the faculty by Prof. W. T. Hel-muth, M. D. After the benediction, the audience dispersed.

We expect to print a more particular account of the Commencement of the N. Y. Homœopathic College in our next number.

St Louis College of Homœopathic Physicians and Surgeons.—The Commencement was held March 2d.

GRADUATES.

John I. Kane, <i>St Louis, Mo.</i>	Wm. H. Boardman, <i>Pittsburg, Pa.</i>
Henry C. Miller, <i>Pittsburg, Pa.</i>	Emanuel A. Grivand, <i>St Louis, Mo.</i>
T. N. McCorkle, A. M., <i>Naples, Ill.</i>	Wm. F. Dill, <i>Pittsburg, Pa.</i>
Chris. J. Wendt, <i>New Brighton, Pa.</i>	Thomas Bradford, M. D., <i>St Louis Mo.</i>
Peter H. Wessel, <i>Davenport, Iowa.</i>	Barton W. Welson, <i>Clinton, Mo.</i>

Board of Health for the District of Columbia.—The Senate in executive session March 3 1871 confirmed the following nominations: N. P. Chipman to be secretary of the District of Columbia. N. S. Lincoln, T. S. Verdi, H. A. Willard, John M. Langston and John Marbury, jr., to be Board of health for the district of Columbia, under the provisions of the Territorial bill, the "*Daily National Republican*" says that T. S. Verdi, M. D. is the leading homœopathic physician of that city, and is everywhere esteemed for his private and public virtues.

Homœopathic Medical Society of Ohio.—The next annual meeting will be held in Cincinnati, on Tuesday and Wednesday May 9th and 10th. Delegates from other States are requested to report by letter, if unable to be present in person.

H. H. Baxter Secy. 75 Public Square, Cleveland, O.

Dr. Cullis' Home for Consumptives.—We observe with pleasure that the recent fair at Boston, for the benefit of Dr. Cullis' charity netted \$ 16,000.

Hahnemannian Medical Institute Philadelphia. The twenty-first Annual Commencement is to be held Thursday evening, March 9, 1871.

OFFICERS AND FACULTY FOR THE SESSION, 1870-71.]

President, Geo. H. Hackett, M. D.; *Vice-President*, A. Abbott, M. D.; *Secretary*, W. F. Edmunson, M. D.; *Treasurer*, C. H. Lawton, M. D.; *Quizitors*, M. W. Hill, M. D., *Institutes and Materia Medica*; C. D. Crank, M. D., *Practice and Special Pathology*; A. J. Evans, M. D., *Surgery*; F. H. Packer, M. D., *Clinical Medicine*; W. H. Bigler, M. D., *Physiology and Microscopic Anatomy*; C. M. Thomas, M. D., *Anatomy*; F. W. Thomas, M. D., *Nat. Philos. and Chemistry*; W. H. Keim, M. D., *Obstetrics and Diseases of Women and Children*; J. A. Terry, M. D., *Clinical Surgery*.

Women as Missionary Physicians.—Four young girls graduated as physicians from the Newburgh Medical College, at Boston, recently of whom Miss Nye, of Bellevue, Neb., will shortly go as missionary physician to Constantinople under the auspices of the American Board.

Chicago Scammon Hospital.—The Faculty of Hahnemann College, who have succeeded in building one of the finest College edifices in the country, are now desirous of furnishing the building given them by Mr. Scammon, and established a fund for the purpose of making it as nearly a *free* Hospital as possible. For this purpose they gave a ball, at the Opera House, on the evening of the 22nd of February. The net proceeds of the sale of tickets will go to support the Hospital. It was doubtless a magnificent affair, as it deserved to be for such a worthy charitable object.

Dr. Van Aernam's Despotism.—We learn from *Daily National Republican*, Washington D. C. Feb 24. 1871, that a delegation of homœopathic physicians, from various states, called yesterday upon the President to protest against the action of the Commissioner of Pensions in removing examining surgeons for pensions on account of practicing homœopathy. Dr. Verdi, of this city, addressed the President, who listened with interest, and stated that he had noticed that the removal of said physicians had caused great dissatisfaction in the country. The President referred the delegation to the Secretary of the Interior, with whom he would confer in regard to this matter. The Secretary of the Interior received the delegation, and expressed his disapproval of the action of Commissioner Van Aernam as subversive of the principles of a free Government, and promised to hold the matter under proper consideration.

Homœopathy at St. Mary's Hospital, London, England.—The *Lancet* of the Jan. 7th. relates the particulars of a case of acute tonsillitis successfully treated with *Belladonna*, at St. Mary's Hospital, by Dr. Hantfield Jones. Its report is introduced with the following observation: "Although many of the standard works on medicine, and therapeutics, omit to make any mention of the value of full doses of *Belladonna* as a remedy in severe tonsillitis, its employment in this affection is not by any means novel"! Most true, it is not "novel"! In the introduction to the pathogenesis of *Belladonna*, in the *Materia Medica Pura*, published in 1811, HAHNEMANN writes of its especial power over the "most acute forms of quinsy"! From that day to this, those physicians who have been guided by the homœopathic law in selecting medicines, have constantly depended on *Belladonna* in tonsillitis alike to their own and their patient's satisfaction. Seeing that tonsillary inflammation is one of the most prominent results of the toxical action of *Belladonna*, it is not a little singular that Dr. Jones—always presuming his ignorance of homœopathic practice should have been led to prescribe so thoroughly homœopathic a remedy. Possibly he may have arrived at the same conclusion as Mr. Goodhart has done in the case of *nitrite of amyl*. (*Practitioner*, January, 1871). After stating that this substance quickens the pulse of a healthy person, in a few seconds, from 70 to 140 beats

per minute, he observes that "in published cases of the action of the *nitrite* in disease, a diminution in the frequency of the pulse has generally been noticed,"—adding; "In the case of a healthy person, the opposite seems to hold good." So, also, while *Bella-donna* excites tonsillitis in the healthy, it cures tonsillitis when arising from the ordinary causes of that affection. This is exactly the conclusion a homœopathic physician would come to, and it is that which Dr. H. Jones appears to have arrived at.—*Monthly Homœopathic Review*.

Homœopathy in University of Michigan.—This morning Feb. 27 1871, the House Committee on State Affairs submitted the following report upon the question of Homœopathy in the University:

Your Committee, to whom was referred several bills and numerous petitions relating to Homœopathy in the University, setting forth the fact that that theory of medicine is entirely ignored by the Regents of the University; that, after an earnest appeal to said Regents for the establishment of one chair of Homœopathy in the medical department of said University, and a persistent refusal on the part of the Regents to acknowledge such rights or claims, they appealed to the people, the source of all power in this Government, and through their representatives, the Legislature, procured a proviso to the appropriations for that institution, which was intended to compel a modification of that policy discriminating in favor of Allopathy; but, after all such efforts, and such definite action of the Legislature, the Regents still refuse to recognize any rights or claims of that numerous and respected branch of the medical fraternity.

Your committee hold that the University is an institution of the people; that the Regents are the servants, and not the masters of the people, and ought to so manage that institution as to dispense its blessings without prejudice or partiality to sect or party; that all the sons and daughters of Michigan shall have the benefit and prestige alike of the institution.

The committee has directed me to report to the House the following bill to provide for the appointment of two Professors of Homœopathy in the Department of Medicine of the University of Michigan, without amendments, and recommend that it do pass, and ask to be discharged from the further consideration of the subject.

Mr. C. K. Backus, Correspondent of *Detroit Tribune* writes to that paper:

"The bill was ordered printed, and referred to the Committee of the whole. It contains the most unsatisfactory solution of the problem possible. In the first place, there is no probability that the Regents will obey it any more than they did the similar law of 1855. Therefore it offers no practical relief to the homœopaths, and it leaves this vexed question to torment future Legis-

latures, and to disturb the University. In the second place, if carried out, it would break up the medical department of the University unquestionably. People may say that it need not, but the fact is that it would. Thus it is a proposition that has no chance for success, and ought not to succeed, and the arguments in its favor are much less potent than those in favor of the establishment of a separate and distinct homœopathic department, either elsewhere than at Ann Arbor, or at that place during those months of the University year that the regular school is not in session."

Free Press correspondent writes from Lansing, March 9. During the past ten days several physicians of this school have been here lobbying in the interest of their bills, they having no less than three before the two Houses. One of these bills was drawn and put in by the allopathists, in order to check the real designs of the homœopaths, and one of the other bills drafted by an enthusiastic member. The third bill, is House bill No. 199, and it provides :

"That the Board of Trustees of the University of Michigan shall, on or before the fifteenth day of July, in the year eighteen hundred and seventy-one, appoint, install, and thereafter maintain, two professors of homœopathy in the department of medicine of the University, viz.: one professor of theory and practice, and one professor of materia medica, who shall receive the like salary, and be entitled to all the rights and privileges of other professors in said department of medicine. To defray the expense of maintaining said professors, four thousand dollars for the year eighteen and seventy-one, and a like sum in each subsequent year thereafter, shall be levied, assessed and called, as a special State tax, at the same time and in the same manner as other State taxes are levied, assessed and collected.

This correspondent says "there is not much doubt that the House will pass the bill by a handsome majority, but the lobbyists have found it hard to secure any pledges in the Senate."

[It is certainly full time that the homœopathists of Michigan were placed in possession of their rights in the University of the State. It will be seen that various propositions for relief are before the Legislature. None of these may be positively objectionable in themselves, but when such an important public interest is involved personal preferences should be merged in a united effort to obtain that which appears to be the most practicable. Let us secure that which is attainable *now* and we shall receive in the future all to which we are entitled.

On March 13, in the House of Representatives, the bill to amend the act to extend aid to the University of Michigan, and the bill, to establish a State Homœopathic Hospital were reported upon adversely and tabled.

Allopathic Ostracism—"Troy Daily Times" of Tuesday March 7th, 1871 says: "The Albany County Medical Society must feel a great deal better. It suffered from a pretty severe attack of flatulency, but has found relief, we should say, in the inflated resolutions which it has adopted. The occasion of this flatulent condition was the action of the Homœopathic State Society, in respect to the course of Dr. Van Aernam, the Commissioner of Pensions. Mr. Van Aernam is a physician and politician,—it is to be hoped a better physician than politician. He removed from the position of examining surgeon in the Pension department, Dr. Spooner of Oneida, solely because he is a homœopath. The act provoked the remonstrance of the homœopaths in the state, who recommended the President to remove the proscriptive Van Aernam.

Now, the Albany allopaths come to the support of Dr. Van Aernam. This is well enough. But their manner is both ridiculous and offensive. Their assumption of all medical learning and skill, their pretensions to the monopoly of "legitimate" medicine, their lofty contempt for other practitioners, their declaration that they could not "legitimately" consult with Dr. Spooner or any one of his school, and the turgid style of their swollen pretensions, constitute as marked a diagnosis of distressing flatulency as we have recently witnessed. But they have found some relief; the patient is better. "You mus' feel better, massa," said the sympathetic darkey to his scolding master, "you's got all dat trash off you' stomach."

If the little monograph which was printed a year or two ago by Dr. Robertson of Albany, dissecting the treatment of the venerable Dr. March in his fatal sickness by the "legitimate" physicians, is to be credited, the patients who employ the homœopaths of Albany must feel a certain sense of security, when they learn that the members of the "legitimate" school will not consult with their physicians."

The question "Why are so many Homœopathic Physicians Swedenborgians?" answered.

In the Feb. No. of the *Observer*, you ask the question "*Why are so many homœopathic physicians Swedenborgians? Who can tell us?*" Allow me to say, that I do not deem a medical journal the proper place to ask or answer religious questions. But as this looks somewhat like a medico-religious question, with your permission I will answer briefly.

Let me premise by saying, that all physicians should be lovers of truth for its own sake, and especially should this be the case with homœopathic physicians; they should require *every* truth to harmonize with *all* other truths, theological truth *must* harmonize with scientific truth.

Theology must rest upon science as a house upon its foundation, and must be capable of being confirmed by reason as well as scripture. Revelation and Creation, Scripture and Science, must harmonize. The former being confirmed by the latter, and the latter a willing and truthful handmaid of the former.

These conditions are found to be most fully complied with in the writings of Swedenborg. The Lord comes to man in two ways, viz. externally and internally, by his Word, and by influx into his interiors. His Word is essential divine truth, and is God with us, for the Lord is in his Word, and is the Word. When he comes in and through his word it is by means of a man—a human instrument or medium. In the books of the Old Testament He came through the Prophets. Their language is “Thus saith the Lord.” “The word of the Lord came unto me saying.” In the New Testament He came in the human which He assumed, in the Revelation He commissioned John to write. In these latter times Swedenborg declares that the Lord is again coming to man, in His Word, by opening its interior and spiritual sense through the language of correspondence, that language that explains the relation between natural and spiritual things; that this is the Divine language (Romans i. xx). By means of this language, we can understand the Lord when He says, “The words that I speak unto you they are spirit and they are life.”

Swedenborg's method of scripture interpretation, does not impair the force of the literal sense; but, from it, evolves an *inner* meaning, by which we are able to read the word somewhat as the angels do. That they have the word see Psalms 119:89. With “Swedenborgians” the divine symbols are interpreted according to a fixed and unvarying law, and not according to each one's imagination. Without this law often, as the Apostle says “The latter killeth but the spirit giveth life” 2 Corinthians 3-6.

The eminently rational and scriptural ideas he gives us of the Lord Jesus, by which we are able to get rid of the tri-personal dogma, without going to the other extreme and denying his divinity.

The clear views we get of the other life, by which we see how a man lives after death a real and substantial man, in a real and substantial body, and consequently in a real and substantial world, by which we are able to get rid of the irrational and unscientific dogma of the resurrection of the material body. These are some of the reasons why so many homœopathic physicians are Swedenborgians.

E. H. D.

[We have been so often asked “Why so many homœopathic physicians were Swedenborgians” that we are glad to have the question answered by one of that faith. We do not enter into a statement of reasons for rejecting Swedenborg as authority as it would lead to discussions not appropriate to our pages.

E. A. L.]

NECROLOGICAL.

Wheeler.—The venerable John Wheeler, M. D., of Cleveland, Ohio, has passed "to the other side."

He was one of the first representatives of Homœopathy in Cleveland, Ohio; distinguished for his public and private virtues—a skillful physician and a Christian philanthropist.

Prof. N. Schneider says of the deceased:

"Whenever he had an engagement, either professional or secular he was always on hand. Regularly at 3 P. M. he would leave his office for dinner, and who has not observed him just at noon every day go to the apple stand on the Square, and get an apple for himself and one for his horse? I mention these facts to illustrate that trait which so characterized him. But gentlemen, I honor him as an educated physician and gentleman. A graduate of Dartmouth College in the year 1817, he began the practice of medicine at Troy in 1818, practicing according to the rules of allopathy, for 28 years. He stood high in their ranks, and received the honorary degree of Fellow of the Albany Medical College. His attention being called to the new school of medicine, in 1845 he espoused its doctrine, and in 1846 he removed to Cleveland, and began to practice medicine according to the law of therapeutics as enunciated by Hahnemann."

REMOVALS.

Huntington.—Dr. R. M. Huntington, from Beardstown, Ill., to Waterloo, Ia.

Wyatt.—Dr. J. H. Wyatt, from Cedar Falls to Parkesburg, Iowa.

McDermott.—Dr. G. C. McDermott, from Painesville, O., to Warren, Pa.

Worcester.—Dr. Samuel Worcester, from Salem, Mass., to Burlington, Vt.

Wilder.—Dr. L. de V. Wilder, from New York, N. Y., to Hartford, Conn.

PERSONAL.

Wheaton.—Mrs. Dr. Wheaton a homœopathic practitioner of Kalamazoo, Michigan yesterday evening March 1st delivered an interesting and able address, in the hall of the House of Representatives of the Legislature of Michigan against woman suffrage. Daily Post reporter says the hall was packed full of listeners, including most of the Legislature. The fair lecturer made many happy points, eliciting frequent applause. Mrs. Wheaton is, certainly, an interesting lecturer; and her address ought to be heard in every city and village in the State. So well pleased with it were those who heard it last evening, that Mrs. W. immediately received a number of solicitations to accept engagements to deliver her lecture in different towns in the State."

"To-night the Woman's Rights conventionists have the use of the hall. Doubtless their speakers will assail Mrs. Wheaton with that merciless vindictiveness noticeable in so many lecturers of the "gentler" sex, as I noticed one of them taking notes last evening while Mrs. Wheaton was speaking."

La Munyon.—We are informed that Dr. J. W. La Munyon of Chesaning Michigan, is forming a colony to go to North Platte River Nebraska

Deferred Articles.—We have reserved for the next number a new proving of "*Juglans cinerea*"; a contribution to the pathogenesis of "*Helonias dioica*" and other valuable papers.

Pathology and Microscopy.

PROF. D. A. COLTON, M. D., AND PROF. S. A. JONES, M. D., EDITORS.

TRANSLATION FROM THE FRENCH, BY D. A. COLTON, M. D.

Synopsis of an Article of review entitled

**Contributions to the study of the effects of
CONIUM.**

*Alone, or in some of its derivative combinations (or bases), as well as the effects of certain other poisons upon the function of the motor nerves.**

BY DR. LOUIS PÉLISSARD.

In the above entitled article, reference is made to a paper by Messrs. A. Crum, Brown and Thomas R. Fraser, on the physiological action of the salts of the Ammonium bases derived from Strychnia, Brucia, Thebaia, Codeia, Morphia and Nicotia, published in the transactions of the Royal Society of Edinburgh in the month of January, 1868.

The greater number of the experiments, by these gentlemen, were made upon rabbits and frogs; the poison being introduced either into the stomach or, by means of hypodermic injections. They found that the results, from these preparations, were similar to those of the *Curare*; and, with the exception of Morphia, produced paralysis and relaxation of the muscles, etc.; conditions quite different from those occasioned by alkaloid preparations of the same poisons.

The salts of the Ammonium bases derived from Strychnia, Brucia, Thebaia and Codeia, (*iodure et sulfate de methyl strychnium, brucium, thebium, et codeium*), had essentially the following effects:

Being introduced into the stomach, they were, as the *Curare*, either not absorbed at all, or very slowly; but being injected under the skin, they produced a paralysis so far as voluntary movements were concerned; the reflex actions gradually ceased to be manifested; the respirations decreased slowly until they ceased; when the animal died of asphyxia. After death, the muscles were contractile, while the nerves had lost their excitability. The heart, however, continued to beat for a long time, and the peristaltic movements of the intestines remained normal

*From the Journal de L'Anatomie et de La Physiologie normales et Pathologique de L'Homme et des Animaux, public par Charles Robin.

12—April.

In order the better to establish these observations, Messrs. Brown and Fraser repeated the experiment of Claude Bernard upon frogs. They poisoned one frog, after having ligated the vessels of one of its extremities; then they poisoned another, in which they preserved only the gastrocnemius muscle, and the nerve distributed to it, from the action of the poison. Both were alike paralyzed as to voluntary movements; and galvanization of the sciatic nerves, in each of the frogs, failed to produce any muscular contractions, except in the muscles separated. Sensibility was not lost; as, by pinching any portion of the skin, there were energetic movements in the muscles that were preserved.

Messrs. F. Jolyet and André Cahours, subsequently to the publication of the work of Messrs. Brown and Fraser, having made experiments with the same preparation of strychnine, arrived at the same conclusions as these gentlemen. The effects of the poisons were like those of the *Curare*; and, although they observed some tonic spasms under its use, they attributed them to the presence of a little free strychnine, and not to the specific preparation above named.

M. Pelissard, by some forty experiments, observed that certain poisons, either primarily or after a certain time, produced paralysis of voluntary and reflex movements, and loss of irritability of the motor nerves.

On poisoning a frog with a strong dose of one of these poisons (*curare*, *iodure de methyl-strychnium*, *chlorhydrate d'ethyl-conium*) it was found either before or immediately after the death of the animal, that the motor nerves had lost their power to produce contraction of the muscles, either by electrical, mechanical or chemical irritation.

The muscles, however, were in their proper physiological condition, as they contracted energetically when directly excited. For instance, a frog was poisoned with one of these substances; one of its members being previously reserved; and, when the animal was poisoned, a ligature was applied to the iliac artery of the opposite side. In this case it was found that the contractibility of the muscles was as energetic and continued, as long, and as long a time in the leg which was poisoned as in the other. Sensibility was conserved, as slight pinching of any paralyzed portion of the animal, readily served to excite energetic movements in the member that was preserved.

In view of these facts, it would seem that the *Curare* and its *nomologues*, destroyed the excitability of the motor nerves only, while that of the sensitive nerves and of muscular fibre is fully conserved.

It appeared that this action of the *Curare* and its *nomologues* affected the extremities of the motor nerves, and not the trunks of them. This was shown by cutting the sciatic nerve of a rabbit and placing the distal end of the trunk in the *Curare*, for the whole night. The next day, it was found that this portion of

the nerve had nevertheless retained its normal power and excitability, to such an extent, as to produce contractions of the muscles. This does not prove, however, but that the *Curare* may exert its influence upon the extremities of the nerves, and thus produce a paralysis of voluntary movements.

M. Bernard instituted the following experiment, which appeared to show that the *Curare* selected the extremities of the nerves where it exerted its peculiar changes. He raised the two heads of the gastrocnemius muscle of a frog with the nervous filaments that were distributed to them. In a watch glass containing a solution of the *Curare*, he placed the nerve of one of the muscles, while the muscle itself was not in contact with the poison. In another glass containing a like solution of the *Curare*, he placed the other muscle, having care that the trunk of the nerve should be untouched by the poison. It was found that the last nerve had lost its action upon the muscle, while that which was in direct contact with the *Curare* had retained it.

The experiments of Messrs. Bernard and Kölliker, of Brown and Fraser and of M. Pelissard, besides those of many other physiologists, go to show that the *Curare* and kindred poisons, do not affect the whole length of the fibres of the motor nerves; but that their primary action is upon the peripheral extremities of those fibres. If one separates a muscle so that it is connected with its member only by the vessel and nerve that are distributed to it, and the vessel be ligated, it will be found, after the animal so affected is completely poisoned, that galvanization of the nerve trunk will only affect the muscular fibres that were separated from the general circulation by the ligature.

The effects of the poisons are much the same with the mammiferous animals as with the batrachia. Under a strong dose, the motor nerves very soon lose their power to contract the muscles through galvanic excitation. The action of a small dose is slow and progressive, paralysis taking place gradually; first of voluntary movements, toward the last, of the pulmonary movements, and the animal finally dies of asphyxia. Messrs. Vulpian and Pélikan found that the mammiferous animals were paralyzed, as to motor and reflex movements, at a moment when the nerves themselves were excitable by galvanism. Some of the substances named do not destroy the electric excitability of the nerves; they only seem to interrupt the passage of excitants to voluntary movements through them.

A résumé of what has been said, would be the following:

1. The poison must affect the extremities of the motor nerves and not the origin or course of them.
2. The action of these substances is such as to render it impossible to produce muscular contractions by excitation of the nerves, in the batrachia; and, in like manner, in whole or in part to prevent the passage of voluntary excitants in the mammitera.
3. Their action does not destroy sensibility or affect the irritability of muscular fibre.

The question now arises, in what consists this action upon the peripheral extremities of the motor nerves? M. Funcke, by his experiments, has shown that poisoning with Curare and Conia, does not affect the electric force of the motor nerves; all the electric phenomena seemed to attest their normal state. It is difficult not to see in this an index of the normal integrity of their fibres.

It may, therefore, become necessary to establish a difference between the function and properties of the sensitive and motor nerves. The former terminate in the skin, the latter in the muscles; they each have a somewhat dissimilar origin in the spinal marrow. The physiological action of the sensitive nerve fibre is to produce an excitation of the nervous center; of the other, to cause contraction of muscular fibre.

The action of the motor and sensitive nerves, is the result of the action of different histological elements. Sensation and motion are not intrinsic, and physiological properties of these nerves; and although electricity, in its passage, may produce a material modification in them, yet such modification is evidently independent of the effect produced upon either of the extremities of the nerves.

The experiments of Messrs. Vulpian and Philipeaux would show that the special physiological property (*the neurilité*) of motor and sensitive nerves is the same. On obtaining a union of the central extremity of a sensitive nerve—the lingual—with the peripheral extremity of a motor, the hypoglossal, it was found that excitation of one nerve was transmitted to the other. Excitement of the central point of the lingual nerve was transmitted through the cicatrix to the periphery of the hypoglossal, and produced energetic contractions of the muscles of the tongue to which the filaments of this nerve were distributed. The excitation of the lingual nerve, in this case, was inverse to that of it in the normal state—it being from the center toward the periphery; and yet, excitement of this sensitive nerve was propagated to one of another function, and thereby its peculiar motor effects were produced.

They found a similar result from the union of a peripheral portion of the hypoglossal nerve with a peripheral portion of the great sympathetic; galvanization of the peripheral point of the hypoglossal, after such union, occasioned the same phenomena as galvanization of the sympathetic cord alone, and *vice versa*.

It would thus seem that the proper physiological property of the nerve fibres *the neurilité* is common to all the nerves whether they be motor or sensitive, or a part of the great sympathetic system; and that the material modification, in the course of a nerve or excitation is independent of the effects produced upon either extremity of it. It thus appears that if the Curare and its *homologues* act upon the motor nerves themselves, they ought also upon the sensitive. We find, however, in their different actions upon the motor nerves, and at the

same time the conservation of sensibility, direct proof that these poisons do not act upon the nerves themselves. First, the voluntary motor nerves, then the motor nerves not under the influence of the will, and finally the spinal nerves, which affect the movements of the heart, are paralyzed. M. Vulpian has shown that with the Curare the vaso-motor nerves of the great sympathetic and filaments of this to the iris, retain their motor power, for two or three hours, after the sciatic nerves have lost their excitability. In a dog, the action of the heart was sustained, by means of artificial respiration, for some two or three hours, after the power of the sciatic nerves was lost, yet this action of the heart was arrested by excitation of the pneumogastric nerves, while the same excitation caused the stomach to contract.

There is a difference between the action of Conium and its derivatives and that of the Curare. While the effect of the Curare is to conserve the moderate action of the heart, this action is rapidly lost under the effects of Conia and its derivatives. In the cat the nonstriated muscular fibres of the inferior half of the œsophagus lost, equally with those of the superior half of it, their power to contract through excitation of the nerves distributed to them. But under the action of one of the derivatives of conium (*Iodure du diethyl-conium*,) it is quite different. Here the voluntary motor nerves retain their power to contract the muscles, under the influence of galvanism; while certain involuntary motor nerves, such as those from the spinal cord that go to the heart, and to the inferior portion of the œsophagus, have lost their power to respond to such influences.

From this action of the Curare and its congeners, two hypotheses, present themselves; the one, that the interruption to the passage of voluntary and electric excitation, through the nerves to a muscle, is occasioned by a modification of the muscle itself; the other, that the poison produces such interruption by the vitiation of a certain organic medium occupying the midst, and touching both the extremities of the nerves and the muscles. We can scarcely think that an alteration of the muscles prevents their contraction under excitation of the nerves, since they retain their normal qualities and contractility. It must be from vitiation of the blood or of this organic medium above referred to, that the interruption is produced; the integrity of this organic medium being necessary to the proper relation of the nerves to the muscles.

The better to understand the influence of the blood upon the extremities of the nerves and the muscles, it suffices to observe what occurs in peripheric anæmia. When one all at once stops the flow of blood to a given part, by the ligation of the arterial trunk that supplies the same, or better yet, by the injection of Lycopodium into the vessels, we will immediately observe a paralysis of voluntary and reflex movements in the part so deprived of blood. Voluntary movements are arrested in from one to

five minutes, it is much later that the contractility of the muscles and excitability of the nerves begin to diminish to finally disappear. The excitability of the nerves disappears first. Sensibility remains for a much longer time.

It will thus be seen that the effects of the Curare are analogous to those resulting from the subtraction of the blood from the periphery of the nerves, and the muscles supplied by such nerves. There is this difference, however, between the two; the Curare only interrupting the passage of voluntary and electric excitation from the nerve to the muscle, while peripheric anæmia, in addition to the same phenomena, produces a chemical change in the muscle itself, so that there is a diminution, or entire loss of its irritability. It would seem that the Curare and its homologues in coursing with the blood, removes from that liquid, the sole property that fits it to maintain the proper relation between the nerve and muscular fibres.

Let us observe the analogy in the effects of carbonic acid, when this gas is not properly eliminated from the blood, and its place supplied with sufficient oxygen from the atmosphere.

The carbonic acid has in itself no deleterious property, but let it accumulate in the blood, the animal dies of asphyxia, and this even in the midst of a quantity of oxygen more than sufficient for the proper oxygenation of the blood. It will act solely by its presence, interfering with the proper relation of the animal with the exterior world. The same is asphyxia from the above poisons. They accumulate in the *organic medium* between the nerves and the muscles, and intercept the communication of the first with the second. They have no toxic effect upon the nerves or the muscles, as they leave them both intact, and in possession of all their properties. They, by their presence only, interfere with the proper relations of the first with the second.

If the comparison is correct, it is, only necessary to lift the poison from the *organic medium*, in order to make all the toxic phenomena to disappear; as in the case of asphyxia from carbonic acid, it is only necessary to remove the gas and all the phenomena disappear. This is what virtually takes place. Take for example, the member of an animal poisoned with the Curare, excitation of the nerve produces no contraction of the muscles which it supplies. It however, only suffices to transfuse the members with healthy blood, to bathe the extremities of the nerves and the muscular fibres with this liquid, in other words, to render this organic medium again sound, and the nerve again assumes its motor function. Evidently, there cannot be any, or indeed, very little alteration of the anatomic elements of the nerves, or so simple a means would not suffice to make the abolished function to reappear.

By means of artificial respiration the animals poisoned can be recovered; one simply supplies a function that has been suppressed; it sufficing to keep up the oxygenation of the blood

and the change in the atomic elements, from asphyxia is prevented. Time is thus given for the natural emunctories of the organism to eliminate it. In frogs, the cutaneous respiration suffices for this purpose. But the poisons that change the histological elements, as of the red globules of the blood and the muscles, produce death without appeal; for, in order to recovery, it would be necessary to replace all the elements that were destroyed by those which were sound.

Spontaneous Origin of Enteric Fever.—Dr. Charles E. Pryor, in the *London Lancet*, for December, undertakes to prove, by an ingenious and able argument, that enteric, or typhoid fever, is strictly contagious, and belongs, in point of fact, to the contagious exanthems. If he were to spend a few years in California, he might elaborate an argument more plausible and conclusive, to prove the very opposite, based on the history of the disease on this coast. We append his several conclusions, some of which have our hearty assent :

1. Spontaneous generation of plants and animals is a figment which is constantly receding as means of observation extend and improve.

2. Spontaneous generation of parasitical diseases is a figment.

3. The exanthemata may be a low form of fungoid life.

4. Small-pox, a contagious exanthem, is proved by indisputable negative testimony to be incapable of spontaneous generation.

5. Several other contagious exanthemata can not originate spontaneously.

6. Enteric fever is a contagious exanthem.

7. Febrile diseases of local origin are not contagious.

8. Experiment* gives strong evidence against the spontaneous origin of enteric fever.

9. Observation, as usually conducted, is a treacherous and insufficient test of the origin of febrile diseases.—*Pacific Medical and Surgical Journal*.

*That is, the only kind of experiment which is permissible.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

JUGLANS CINEREA.

EAST POULTNEY, Vt., Feb. 21, 1871.

DR. LODGE—*Dear Sir*:—I have not relaxed in the least my interest in, or estimation of the curative virtues of *Juglans cinerea*. My regard for it has steadily increased with its use during the past two years. I thought long ere this to have sent you a file of cases cured with it from my own practice, but owing perhaps more to indolence than to any other reason I have never done so. True I felt some hesitancy in putting into public print cases cured with a remedy of which we have as yet no extensive provings, and with many that always savor of empiricism. Therefore I thought if I could sometime obtain a proving that was of extent and purity to satisfy me I would send it to you.

In the early part of December last, I received a visit from Dr. L. A. Clark, of Fairhaven, Vt., and during our visit I proposed to him to take a bottle of my saturated tincture, from the fresh inner bark of the root, and make a somewhat lengthy proving of it, gradually increasing the dose and send it to me, when finished for perusal. One great reason I had for wishing him to make the proving was because of his freedom from disease of any kind, but especially any thing in shape of skin disease, because I wanted if he obtained any symptoms of that kind that they should be pure and reliable.

I received the proving a short time since and studied it carefully. I deemed it worthy of publication and have copied it verbatim from his diary. If you think it worth the trouble you can use it. The symptoms might be arranged regionally but I thought best to send them as they occurred.

In regard to my own clinical use of the remedy I may remark that I have used it extensively in various forms of eruptions emanating from a psoric or sycotic taint with unfailing success, and reasoning from its power to cure the chronic dyscrasias that it might also cure the acute exanthematic eruptions, I therefore one year ago, resolved to test it in scarlatina. I had an opportunity to do it in twenty cases only (all I had) giving nothing but *Juglans 3d* from beginning to end. Some had the anginose

symptoms pretty well developed, but all recovered, and what gave most satisfaction, was none had any sequela whatever, which was better success than I can boast of in twenty cases of like character treated in succession previously. If a perusal of this proving should induce even one to make a trial with a reliable preparation of the remedy, and it results in relieving suffering fellow being, I shall feel amply repaid for the time and effort expended.

A. E. HORTON.

PROVING OF JUGLANS CINEREA.

BY L. A. CLARK, M. D., FAIR HAVEN, VT.

Æt 25, perfectly well, not an unsound spot in me, appetite good, stools regular once a day in the morning, weight 136½ lbs.

Dec. 13, 1870.—Commenced taking tincture of *Juglans cinerea*, 10 drops at 7 P. M.

Dec. 14.—Took 11 drops at 7 A. M., 12 M. and at 7 P. M., slight feeling of fullness in frontal regions; left foot numb every time I sit still.

Dec. 15.—Awoke at 3 o'clock in the morning and could not get to sleep again; 12 drops at 7 A. M. 12 M. and 7 P. M.; feeling in forehead continued; headache in evening; slight pain in umbilical region; stool dark brown.

Dec. 16.—Took 13 drops at 7 A. M. 12 M. and 7 P. M.; sharp rheumatic pain in both shoulders and wrists; tongue coated white; stool small and brown; numb sensation at root of nose; constant yawning but not sleepy.

Dec. 17.—Took 14 drops at 7 A. M., 12 M. and 7 P. M.; dull frontal headache; eyes red and swollen; inclination to void urine more frequently and more copiously than usual; intense numbness in bridge of nose; have to rub it which relieves; sleep light and uneasy; very troublesome dreams.

Dec. 18.—Took 15 drops at 7 A. M., 12 M. and 7 P. M.; headache continues; appetite ferocious, want to eat all the time; throat feels sore and swollen; very troublesome dreams.

Dec. 19.—Took 16 drops at 7 A. M., 12 M., and 7 P. M.; severe ague chill when sitting near warm fire, commencing in back but no coldness of the flesh; head itches constantly.

Dec. 20.—Took 17 drops at 7 A. M., 12 M., and 7 P. M.; ridiculous dreams all the past night; stool about natural; pricking sensation up and down the spine.

Dec. 21.—Took 18 drops at 7 A. M., 12 M., and 7 P. M.; symptoms similar to yesterday, except stool which was first part hard and brown, latter part diarrhoeic and of a greenish yellow color.

Dec. 22.—Took 19 drops at 7 A. M., 12 M., and 7 P. M.; bowels constipated; stitching pains in right side region of liver; feel dull and cannot remember anything I read.

Dec. 23.—Took 20 drops at 7 A. M., 12 M., and 7 P. M.; bowels constipated; dull heavy pain in umbilical region; absent minded, forget what I am about.

Dec. 24.—Took 21 drops at 7 A. M., 12 M., 7 P. M.; all symptoms same as yesterday.

Dec. 25.—Took 22 drops at 7 A. M., 12 M., and 7 P. M.; severe dull headache all forenoon, but somewhat relieved during the afternoon; bowels moved this morning with a great effort, stool hard and brown.

Dec. 26.—Took 23 drops at 7 A. M., 12 M. and 7 P. M.; stool natural; severe frontal headache.

Dec. 27.—Took 24 drops at the same hours and with the same symptoms as yesterday.

Dec. 28.—Took 25 drops at 7 A. M., 12 M., and 7 P. M.; feel unusually sleepy, want to sleep all the while; stool natural.

Dec. 29.—Took 26 drops as yesterday with same conditions all day.

Dec. 30.—Took 27 drops at 7 A. M. 12 M and 7 P. M.; severe headache, can hardly see; terrible nausea commencing soon after retiring. Last night death like feeling, with chills and shudderings all over the body: stool again soft and brown.

Dec. 31.—Took 28 drops, as yesterday, with similar symptoms, except nausea which was more severe through the night, but is lieved to day so I can eat quite heartily.

Jan. 1.—Took 29 drops at 7 A. M. 12 M. 7 P. M; every sudden motion causes everything to turn dark so I cannot see; feel giddy as though I should faint away.

Jan. 2.—Took 30 drops at same hours as yesterday; want to be let alone, do not want to do anything but eat and sleep, cannot think of concentrating my mind upon any one subject; cold chills along the spine; stools natural.

Jan. 3.—Took 31 drops as yesterday, with similar symptoms.

Jan. 4.—Took 32 drops at 7 A. M. and 7 P. M. Same mental conditions; back of neck feels lame; arms itch and burn, with redness of skin, also redness and flushed appearance of face; eyes feel drawn together; stool soft, and sticky, dark; coppery taste in mouth.

Jan. 5.—Took 33 drops at 7 A. M. 12 M. 7 P. M. Throat feels sore, hurts to swallow even water; discharge of thin watery mucus from nose; arms burn and itch, scratching relieves; scalp itches intensely, have to scratch continually; tongue coated with a heavy whitish fur, stool about natural; constant headache, considerable burning and smarting on passing urine which I am obliged to do frequently as often as every hour or two.

Jan. 6.—34 drops 7 A. M. 12 M. 7 P. M.; condition like yesterday except no movement of the bowels and more drowsy.

Jan. 7.—Felt so faint I did not want to get up but was relieved of faintness after getting up and moving about, head feels large as a barrel; coryza and throat symptoms still continue; stools hard and in balls; violent itching over the whole body, in spots changing about first one place then another.

Jan. 8.—Took 36 drops at 7. A. M. 12. M. 7. P. M. symptoms similar to yesterday, but more aggravating.

Jan. 9.—Did not take any, concluding I have carried it far enough as I feel sick and weary, symptoms all keep up, bowels constipated with considerable griping in the umbilical region; pulse accelerated 15 beats, 75 being natural; thirsty, want to drink all the time; first day I have felt feverish during the proving.

Jan. 10.—Fearful dreams all night, waking from sleep covered with sweat; headache not as severe; can hardly get along breath from a sense of oppression of chest; stool hard and dark brown; some chilliness alternating with flashes of heat, yet feel refreshed: rested more quietly than any night since commencing the proving; headache; coryza subsiding.

Jan. 15.—Feel nearly as well as usual, or before the proving; nearly all the symptoms have subsided. I found upon being weighed to-day that my weight has gone down to 132½ making a loss of 4 lbs since commencing this proving.

A CONTRIBUTION TO THE PATHOGENESIS OF HELONIAS
DIOICA

March 24, 1868.—At 4 P. M. took 15 minims of *Helonias dioica*, the mother tincture, in 4 oz. water. At 6:15, while at supper nausea as though vomiting would follow, also a feeling in bowels as if diarrhea would come on. All soon passed away. Between 8 and 9, while reading, a feeling of fullness, pressure from within outwards, in vertex and occiput; at the same time the scalp seemed to burn. When I read earnestly, concentrating my attention, all these sensations vanished; but if I turned my attention from the book to my hand they were instantly perceived. I found that I could get rid of them, or bring them on just as I liked. When undressing I felt a sudden and momentary but very acute pang of pain in the region of the kidneys as if I had been shot there.

March 25.—12 M. took 30 minims, mother tincture. 2:30 P. M., feel a dull heat, hardly a burning in the renal region. Also pressure in the vertex as if the skull was too full. At 3 P. M., took one grain of the resinoid *Helonin*. At 5 P. M., painful aching in right ankle-joint as if a wedge was driven in. 9 P. M., burning in lower third of abdomen as if the whole pelvic bowl and up to a space midway between umbilicus and pubis were filled with *quite warm water*.

26th.—11 A. M. two grains of *Helonin*. 4:20 P. M. fullness in forehead all though between temples. Four grains of *Helonin*. Painful aching in right ankle-joint as if a wedge were driven in; this lasted until I fell asleep at night. Although disagreeably painful it did not interfere with locomotion. Had two stools this day. Very unusual, as my bowels are always "A. 1."

27th.—Forenoon a vague distress in stomach. Slight dull headache in forehead extending towards the vertex. 3 P. M. twelve grains of *Helonin*. Feel a little weak in the back (sacrum). A burning in the spine (upper dorsal). Very downhearted and discouraged. (?) In the evening a peculiar stool; sensation as if each lump of fæces had the shape of a large minnie bullet which passed from the anus the big end first. The anus seemed to be much distended for an instant then out flew a fæcal mass just as a pumpkin seed shoots from the fingers. The stool consisted of four lumps which made their exit separately,

but as fast as they could follow each other, for it seemed as if each single one had to "work its passage" by forcing upon the anus.

28th.—Just after breakfast (my usual habit) stool which is a little loose. One hour after, another, yellow and mush like. Before stool feeling as if going to have diarrhœa; after stool slight burning in anus. An easy walk of nearly a mile made me feel very tired and weak. Also have an aching pain in my chest as if all my strength had left me from excessively hard work. It is a tired aching as if the whole front of the chest, and especially a strip some four inches wide down the whole of the sternum, had been compressed in a vice. (I have felt similarly when overworked in the army; but I have done no work now to account for this). After resting in my office an hour I notice a very tired feeling in the lower lumbar and sacral region. 10:30 A. M., 160 minims of the mother tincture. When sitting reading at night felt a great heat and burning in the dorsal region, especially marked in the space between the lower half of the scapula. Pain in left side as if in the spleen. It felt as if that viscus was distended, and so much so as to cause a dull ache. It did not last long. A tired ache in the spine (lower lumbar and sacral regions). A sensation as if my kidneys were two bags of hot water. This feeling was so distinct that I felt certain I could have traced the area occupied by these organs by following the outlines of the burning. A burning, or rather a *warm numbness* in the legs, most marked in the knees. (It was like the Aconite anæsthesia but not so intense.) It seemed to begin at the *tendo achilles* of each leg, streaming upwards, and was very marked over the region of each gastrocnemius.

29th.—Yellow and mush-like stool. My chest seems to be unusually sensitive to the air. It is a fine, sunshiny day, but I feel the cold very sensibly down the front of my chest, the whole length of the sternum and in a space as wide apart as the nipples. (I wore at the time a vest which buttoned up to the throat; but I still felt what seemed to be cold air penetrating even through the turned-in front of my overcoat.) While walking nearly a mile I felt the same tired aching as if the front of the chest had been compressed. On every movement flushes of heat pass over me, while in a room. (On the 27th I forgot to note that every movement of the arms occasioned a chill which seemed to radiate from the solar plexus all over me.) 12 M, 480 minims of the

mother tincture. 12:30 P. M., a strange fulness in the whole head (the alcohol). 1:45 P. M., burning in the sacral region. 2:30 P. M., burning in stomach; burning and aching in spine (lumbar and dorsal regions); tasteless eructations. Every time I urinate I seem to completely empty the bladder, yet when I have put the "indefinite article" back in my breeches, out spurts a quantity of urine. No matter how much I endeavor to contract the bladder this extra leak happens every time I micturate.* At times my legs feel almost as numb as they have done from a 10 minim dose of Fleming's tincture of Aconite. Numbness in my feet which goes off by motion, and is only felt when sitting still. I feel exceedingly restless and want to be continually moving about. Feel better when moving about, or when doing something which absorbs my whole attention.

30th.—Did not have the tired aching pain in my chest while walking. Morning stool was barely consistent enough to retain its shape. Just a perceptible dull feeling in sacral region. 11 A. M., 540 minims of the mother tincture. The only symptom following was a tired ache in back (lumbar and sacral regions.) When I began taking this remedy my urine had a faintly alkaline reaction. Yesterday after 480 minims it was neutral. To-day it is strongly acid.

31st.—My back across lower lumbar region feels very tired and weak. 3:30 P. M. On sitting down I find a tired aching sensation, and a burning in the spine (lower lumbar and sacral regions). Great pressure on the vertex. 10 P. M. Back symptoms are gone, but it seems as if the kidneys themselves ache. Had two small brown stools to-day; "bellyache" before stool, relieved so soon as rectum was emptied.

April 1st.—5 P. M. The headache, in-pressing on the vertex, seems to return every afternoon. Have had colic-like pains in hypogastric region off and on all day. Back lame, and fairly aches (lower lumbar and sacral regions). Feel *unusually* tired to-day yet have done nothing to occasion it. All my pains and aches cease at once when I walk about. On sitting still they return at once. This appears to me like a physiological paradox,

*To this day, February 4 1871, I have not overcome this weakness. As I was ever very "sure on the trigger" I am the more willing to ascribe this to the *Helonias*. In functional derangements of the prostate it will be well to bear this remedy in mind, for if this prostatic freak obtains and is attended with somewhat frequent and profuse urination, the urine being very pale and watery, or containing a deposit of the amorphous phosphate *Helonias* promises fairly. I may add here that a close examination reveals no enlargement of the prostate in my case.

for the sensations which are relieved by motion are like those dependent upon excessive fatigue, yet the *work* of walking dispels them. Had very many tasteless eructations through the day. Bowels full of flatulence, and each eructation created a feeling of nausea.(?) 6 P. M. On walking home, nearly a mile, felt exceedingly tired and weak, just as if I had been prostrated by a typhoid fever. Back very lame and aching.

2nd.—Burning in the back between the the shoulder blades, and a tired aching in lower lumbar and sacral regions.

6th.—Slight aching in my back (lower lumbar and sacral regions). Since the 3rd inst. I notice that my headache comes every day at 4 or 5 P. M., if not then, surely between 8 and 9 P. M. It is a dull aching in temples and forehead; pressure over root of nose; and when it is on I feel as if I had caught cold; am feverish without feeling hot to others, or having an increase of pulse; at this time am also very irritable. Stool to-day is first half hard, second half soft; first half dark brown, second light yellow. In afternoon severe aching in sacrum. 4:45 P. M. Aching pain in sacrum which also extends down into each buttock.

During the week from the 12th to the 18th, all aches and ailings left me, and I felt as I imagine a strong man in perfect health must feel. The change in the state of my daily life was so marked that I could but observe it, although I had ceased to look for "symptoms." I can not specify in detail how I felt, I only know I was filled with a general *wellness* which made living a luxury.

On the 19th, reaction began, and until May 3rd, I was in a mental hell. It was the most profound depression of mind I have ever known. I was plunged into the most abject despair.

During the second week in May I frequently felt while walking (and only then) a sudden pang of pain deep in the right groin. It would smite me suddenly as an electric shock, make me limp for a few steps, and soon pass away. Pressure with the tips of the fingers in the groin seemed to relieve it; at least I was instinctively led into this manipulation, and relief seemed to come from it.

In the latter end of May I became "bilious," sleepy during the day, head dull and stupid, poor appetite, food had no taste etc. I had never in my life been in such a state before; and at this date, November 17th 1869, I am confident that my organism is not of the same habit as before my experiment with

Helonias dioica. I feel as if the shock of the doses I took had revolutionized my system, and grafted a "bilious" habit upon one who for thirty-three years had been a stranger to it. This conviction is seemingly corroborated by the fact that before making this experiment my urine for some years past was never one whole week without a deposit of the amorphous phosphates. Since the "proving" the presence of this deposit is the exception and not, as previously, the rule of my life.

Let me add that in the present instance I did not aspire to the making of a "proving." I only sought to determine if *Helonias dioica* would produce either saccharine, or albuminous urine: hence the taking of 1425 minims of the mother tincture, and 19 grains of the resinoid in five days.

The rude day-book here presented gives only such symptoms as obtruded themselves upon my notice. I did not look for the finer shades of action for my sole attention was given to the urine, the whole quantity of which was collected and examined for nineteen days.

It only remains for me to inform the reader of my status in order that he may sit in judgment upon the symptoms elicited. Brown hair, light blue eyes, thin skin. Short. Weight 112. Age at time of experiment 34. Nervo-sanguine temperament. Scrofulous diathesis. From the temperament it will be seen that his somatic life is an oscillation from Paradise to Purgatory. Knowing as I do these psychical transitions I feel safe in affirming that the *Helonias* intensified both my heaven and my hell.

I must also add that I "won" a first-class attack of inflammatory rheumatism in the dear old Army of the Potomac, and have remained a second-class barometer ever since.

The urinary symptoms are purposely omitted in this day-book as I wish to present them in a paper on the physiological action of *Helonias dioica*.

SAMUEL A. JONES.

Englewood, November 17, 1869.

P. S. FEBRUARY, 4 1871.—A few doses of *Grauvogl* have led me to leave the "paper on the physiological action etc." among the unspun cobwebs of my brain. In lieu thereof the urinary symptoms will be published in a subsequent issue of this Journal.

CASES IN ELECTRO-THERAPEUTICS.

REPORTED BY WM. J. MAYNARD M. D., CHICAGO.

We copy the following cases,* because we were witness of the curative results. The subject of Electro-Therapeutics has been sadly neglected by the homœopathic school, perhaps for the reason that the curative method has almost been monopolized by quacks and charlatans. Since the publication of the works on that subject by Hammond & Althaus, no physician should neglect to study and test the means recommended by their authors. Many diseases not amenable to medicinal treatment are rapidly cured by means of the Electro-galvanic current. E. M. HALE.

Earnest and well directed study has already demonstrated the fact that Electricity holds a high place in the treatment of disease, and it is truly encouraging to see what progress has been made in it, especially in the last few years. Besides the particular disorders of the nervous system, to which it has usually been applicable, it is making rapid strides in other departments of medicine. In giving this subject particular study of late, it has been my good fortune to have seen some remarkable cures made, and from my own experience I present the three following cases, thinking they might not prove uninteresting to the readers of the Journal.

Case I. Mr. R. was sent to me by a leading medical gentleman of the city to see what electrical treatment would do for him, as all other remedies had failed to give the required benefit. The patient had been confined to his bed with typhoid fever, and during convalescence found then he had a partial paralysis of the left leg, with great anasarca. When I first saw him he was scarcely able to walk, but before six applications of the battery had been made he was able to walk several blocks comfortably, and with great diminution in the size of the leg. After twelve applications the patient was dismissed perfectly cured.

Case II. At the request of the same physician, I was called to see Mr. D. Upon examination I found the left leg enormously distended by anasarca, great numbness of the entire member, with inactivity of the circulation. My success with the first led me to adopt the same mode of treatment, and although the pathological condition was entirely different, it was surprising with what rapidity the leg regained its normal condition after each application of the battery. After eleven sittings the patient was able to walk and attend to his business.

**Chicago Medical Journal.*
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In these two cases, I do not attempt to deny that the general course of treatment at first adopted would, perhaps, after a lapse of time, have effected a cure but I do claim that a far more speedy resolution was brought about by the electric agent. The great absorbing and alterative effect produced by the galvanic current is better illustrated by the following case, which it has been our pleasure to witness:

Mr. T. of this city, consulted me for the purpose of getting rid of a tumor, a little larger, perhaps, than a hen's egg situated on the right side of the neck, along the anterior border of the sterno-cleido muscle. The tumor had been growing for a long time and seemed to be slowly increasing. The diagnosis that I made *i. e.* that it was an enlargement of the lymphatic gland, he said, was confirmed by the opinion of other physicians. As he had too great a horror of the surgeons knife to yield to the general mode of extirpating these tumors, I must confess that I entered upon the electric treatment with not much confidence in the result. I used a rather powerful induction current, and passed it transversely through the substance of the tumor. After a few applications, each sitting lasting about twenty minutes, there was a perceptible diminution in the size of the gland. With this encouragement, the treatment was continued until sixteen applications were made, when all that remained was a small fluctuating mass, which I punctured, and drew out some fluid which had every appearance of lymph. This continued to discharge for some time, but the patient is now apparently perfectly well.

ELECTRICITY AS A THERAPEUTIC AGENT.

BY DR. W. R. MCLAREN, CHICAGO.

Within the past year, from a review of the medical journals, much has been written on the application of electricity in the treatment of certain diseases. Many of the works in extent are so exhaustive, and so theoretical, that, from some of these, few practical ideas can be gained. Some advocate that general treatment is necessary before attempting to treat locally, while others recommend to treat the disease. This seems to me the proper way, for in so doing we do not ignore the constitutional power. It is through the nervous system that we expect to obtain beneficial effects by the use of electricity. A definite knowledge of the nerves, their qualities, origin, course and distribution, must be familiar to those who attempt to apply this agent in the treatment of disease.

Many of the terms used by different writers are synonymous and practically do not furnish any information. Dr. Reynolds of England comments on the many terms applied to currents

and treatments, and places the matter in an eminently practical light. Referring to the "inverse and direct currents," he says, "practically it does not make any difference which current we use." The application of electricity in therapeutics is still in its infancy, notwithstanding that it has already given satisfactory results in many cases.

It was generally understood among the earlier physicians who devoted themselves to electro-therapeutics, that the electrical treatment had in view the stimulation of those organs which were only functionally deranged, and in which life was not destroyed, so as little by little to restore them to their natural functions.

Much has been claimed for electricity which needs further demonstration to verify. It is difficult to fix upon the best mode of treatment to be employed in this or that morbid condition inasmuch as one rejects as injurious what another regards as alone efficacious. A patient who lately came into the hands of Dr. E. M. Hale, *nervo-sanguine* temperament *æt* 40; had suffered from *sciatica neuralgia* for fifteen years, in the right leg. The pain shoots from above downwards, following the course of the great sacro-sciatic nerve, aggravated by damp weather, but more aggravated from coughing, sneezing or laughing; pain seemed to almost tear the hip assunder; much rigidity, stiffness and loss of voluntary motion. Thirty applications made a complete cure.

A case occurring in my own practice of a lady who for six years has had almost constant pain in the anterior tibio-fibular region, not aggravated by change of weather or other circumstances, very slightly ameliorated by constant and hard rubbing. I tried medicinal remedies for four weeks without any apparent benefit, when I determined to apply the electric current, I applied the negative pole of a Kidder's battery to the popliteal space, as the anterior tibial nerve supplies these muscles, and the positive to the muscles where the pain was located. The first application did not afford any relief, but four applications have entirely relieved the woman of her suffering, and the three weeks following up to the present, she has not felt any pain. These are two very marked and unmistakable cases proving the value of electricity as an aid to the physician.

What we as physicians need is, "electricity simplified," that is, practical directions as to its uses and methods of applying.

LILIUM TIGRINUM.

ADDITIONAL OBSERVATIONS BY W. E. PAYNE, M. D.*

In case of one of the provers, a maiden lady who had safely passed her *climacteric* and whose symptoms are not given by Dr. Hale, almost from the beginning, and during the whole period through which the proving extended, and for several weeks after the last dose of *Lilium* was taken, both the *left mammary gland* and the *left ovary* were severely and persistently affected: in the *left mamma* were severe cutting, sometimes dull aching, and sometimes sharp twinging or stinging pains; or a feeling as if the gland were grasped, or constricted, with a sensation of great heaviness of the breast. The pains extended from the *mamma* around to the base of the scapula, and were increased by lying on the left side; in the *left ovary* were stinging, darting, cutting, and sometimes grasping pains, with a swollen sensation, and tenderness to firm pressure, but slightly relieved by moderate pressure and gentle rubbing. These symptoms, as with nearly all the symptoms of the *Lilium*, were worse in the night, commencing at about 5 o'clock in the afternoon, extending through the night and culminating in a very acrid diarrhœic discharge in the morning immediately on rising, when the remainder of the day would be passed in tolerable comfort up to about 5 P. M.

The same morbid persistency that showed itself in the *left mammary gland*, and *left ovary*, appeared also in persistent *morning diarrhœa* and *urethral irritation*. Diarrhœic discharges occurred every morning, commencing as soon as the prover was on her feet, followed by an acrid, smarting, burning sensation at the anus and up the rectum as if a hot spray were projected upon the parts; while there was also a frequent discharge of urine, followed by the same kind of smarting, and irritation along the urethra. The smarting and irritation were not felt at the time of the fecal and urinary passages, but immediately after. These symptoms were constant throughout the proving, and continued to recur for several weeks after the last dose of the *Lilium* was taken.

In the uterine region there was severe pressing, bearing-down

*See page 30, January number, 1871.

sensation, with a feeling as if the whole internal parts would be forced through the vagina, making the desire irresistible to press the hands firmly against the *vulva* to prevent the parts from escaping; the whole genital organs felt as if swollen, with smarting and irritation of the labia; great tenderness to touch, and acrid leucorrhea; indeed, the whole of the *female reproductive organs*, as well as those devoted to the *sustentation* of the new being seemed to be profoundly affected.

In three of the provers the uterus was found, on examination, to be *anteverted*, while in a fourth case there can be but little doubt that this was the condition, though the question was left unsettled on account of the opposition of the prover to submit to a physical examination.

In case of the first prover (May, 1868,) who had passed her climacteric some two years, where the uterus was found pressed down very low, with the *os* bearing hard against the *rectum*, and the *fundus* resting upon the *bladder* and *pubis*, there was, earlier in the proving, quite active uterine hemorrhage—the first discharge from the vagina in two years, but it was of short duration, and has not returned now more than two years; nor has there been any evidence of uterine displacement since its restoration under the use of *Helonias*.

There have been fourteen provers in all—five men, and nine women. With the men the *heart* seemed to be more affected; and with the women the *reproductive organs*. The symptoms obtained by the several provers, are singularly corroborative, and may be taken as genuine effects of the drug, as the provers generally were unacquainted with each other, and too far removed to admit the possibility of any collusion.

All the provings have been made with the tincture, or attenuations prepared therefrom, of either the stalks, leaves and flowers combined, or the pollen alone, all of which were gathered in the months of August or September when the plant was in full maturity. No difference was observable in the disease-begetting powers of the plant and the pollen. Both seemed equally potent in developing symptoms.

NITRITE OF AMYL.

BY EDWARD F. BLAKE, M. B. M. R. C. S.*

However much the great mass of "general practitioners" belonging to the "orthodox body" may doubt the practical utility of modern chemico-physiological research, the homœopath has no ground for debate on that score: he knows that, daily, discoveries utterly valueless to their discoverers, are being turned to good account by him, as precious weapons in the warfare waged against disease and death. Facts and phenomena, vague and anomalous to the mind of the "dominant school," find an easy solution with the homœopath, and naturally dove-tail together, forming themselves into harmonies, neither incongruous nor incoherent.

There is an amber-coloured fluid, the *nitrite of amyl*, made known to us by Belard, more fully investigated by F. Guthrie, that is possessed of a singularly certain and invariable physiological property, viz., that of causing *flushing of the face and neck; throbbing of the carotids; acceleration of the pulse; increased cardiac action*, in fact, to such a degree that Richardson credits this drug with "*the power of quickening the heart's action more than any known agent*,"

Here is a fact that no allopath can render really available in practice, on account of the false stand-point he has assumed; to the homœopath, *per contra*, this same fact is not only of interest, but it is of the utmost practical value, and can be utilized at once, even without the prior test of clinical experience. And it is of the more value, that the above characteristics of its action on the healthy economy are so invariably present.

I have myself frequently verified the above-named facts, both on my own person and upon those of my medical friends:—

Exp. I.—Thus Dr. S., of — Asylum, was sitting with my brother and myself, when I called his attention to the drug, and showed him a specimen of it. Dr. S. inhaled the vapour twice from a $\frac{3}{4}$ ss bottle; in a few seconds a bright, florid flush spread over his face, there was slight vertigo, and then in a few seconds more all symptoms had passed away.

Exp. II.—Oct. 18th, 1870. Dr. T., of Yeovil, smelt once from the same bottle; soon the face flushed, the flushing being followed by turgidity of the facial veins, then vertigo and a peculiar sensation of choking. A few minutes later there were cardiac oppression and tumultuous heart action, with complete obliviousness of our recent conversation. [*Sensorium.*]

Exp. III.—Dec. 15th, 1870. On myself at 7.30 P. M., having dined at 5.30. Pulse being 66, and resp. 20, I inhaled the drug strongly for 30 seconds; after the lapse of a second or two my ears began to throb and my head seemed to swim round. In 25

*Monthly Hom. Review, March 1871.

seconds, p. 130, r. 20, *deep facial flush* with vertical hammering; then the sensation seemed to travel back, and I felt throbbing in the occiput—objects began to look yellow. Then came beating behind ears. After the expiration of two minutes, all palpable effect of the drug had disappeared, the pulse was 70, and the breathing 24. One hour afterwards, I was still conscious I had a heart, and a bruised sensation in the brain had been left behind. But then I had, during the six hours, four times induced the physiological action of the drug on myself, by as many inhalations.

Exp. IV.—On myself, Dec. 19th, 1870, 8.15 P. M. Inhaled from the bottle during 30 seconds, the pulse having been noted before by my brother. The result will be best seen in a tabular form:—

	Pulse	Resp.
Normal	60	18
After 90 seconds	130	20
" 150 "	80	20

Exp. V.—Dec. 19th, 1870, 8 P. M. J. N. B., æt. 32, dark, of middle size, spare habit, bilio-sanguine temperament, having dined at 5.30.

Inhaled freely for 30 seconds. At the end of the minute there were precordial anxiety; accelerated heart-action; frontal humming; hot, red face; desire to sigh convulsively; sensation of a piston working up and down in the ears; primrose halo, even with the eyes closed and shaded. During the third minute there were bursting in the forehead and vertigo.

	Pulse	Resp
Normal	64	16
After 90 seconds	106	20
" 150 "	68	20

It will strike the reader as singular that the pulse should be doubled, without corresponding acceleration of the respiratory rate.

The physiological action of the *nitrite* may be conveniently expressed thus:—

Primary effect:—*Crimson, facial flush.*

Secondary effect:—*Dyspnoea, as from violent exercise.*

Those allopaths who have employed this drug recommend it in colic, in angina pectoris, in rheumatic disease of the heart, and in traumatic tetanus.

It is, however, far more likely to prove useful in paralysis of that portion of the ganglionic system which lies above the diaphragmatic line; in the pareses of the sympathetic so common at the climacteric period; in painful or immoderate blushing; and in the flushing which occasionally forms a troublesome sequela or complication of certain neurotic disorders.*

* Dr. Richard Hughes writes to me to the following effect:—"Nitrite of amyl I tried in a case of *petit mal*. It had some immediate influence over the attacks; but no permanent good was effected."—Dec. 30th, 1870.

CASES TREATED BY THE NITRITE OF AMYL.

CASE I.—Miss M. S., æt. 25. Aug. 26th, 1870. Six years ago had an attack of encephalitis, which ran its usual course, and she became convalescent; but ever since then she has been subject to flushes of the head and face, and vertical “hammering.”

These symptoms are greatly benefited by the 3x of *nitrite of amyl*.

CASE II.—Mrs. K. æt. 35; married fifteen years; three severe miscarriages. Has for many years suffered from symptoms of uterine congestion.

Nov. 27th, 1870.—Three weeks ago the sudden loss of her mother produced a very serious disturbance of the system.

Present Symptoms.—Whatever is effected with regard to any object, she imagines is done in the same way to herself: thus, if a handle is turned, she feels a screwing sensation, &c. Photophobia, and dread of noise; *flushing of the face*; pain over the whole anterior wall of the chest, with marked hyperæsthesia [relieved by heat], extending next day to the infra-scapular spaces; severe palpitation, with feeling “as if a large box were inside,” so that she could not inspire; no sense of constriction, but of extreme thoracic distension; flatulence; pain from nape of neck to vertex; feet cold.

Amyl nitrite 1x, one drop every quarter-hour for two hours, then every hour, “Every dose seemed to do her good;” and she evidently did benefit very much by the use of this drug, which relieved more especially the palpitation, the flushing, and the head symptoms. With intermissions, the remedy was continued for three days; and the patient would not rest content until she had procured a supply, to fall back upon in case of a sudden emergency.

For the details of this and the following case, I am indebted to my brother, J. N. Blake, of Plymouth.

CASE III.—Mrs. B., æt. 57. Like the preceding patient, has for many years suffered from chronic congestion of the uterus and its appendages. Catamenia ceased four years ago. Never pregnant. Has had many slight attacks of hemiplegia; a severe [left] “stroke” two years ago.

Present state.—Dec. 6th, 1870. Nervous repetition of words; much agitated, with intolerance of light and of sound; feeling “as if a large nail were being driven from the top of the head to the eyes;” lachrymation; *flushing of face* marked, generally followed by perspiration; pain in left parietal region, extending down the neck; tongue dirty-white, and much coated; great feeling of pressure on sternum; slight palpitation; cutting pain in right ovary; urine frequent, copious and pale; bowels confined; partial paralysis of left arm, which feels alternately hot then cold; pain from the left shoulder to the thumb, which is retracted across the palm; feeling of “bruising and bursting” in the feet

Amyl nitrit. lx. Three doses were taken by olfaction in half an hour, with decided benefit to the *flushing* and the head symptoms. Then drop doses were administered on sugar every hour.

7th. Much better. Repeat medicine every two hours.

8th. Much better. Repeat medicine every three hours.

9th. The symptoms having changed, the case called for other intercurrent remedies, yet still an occasional smell at the *amyl* bottle continued to relieve the flushing and the palpitation.

CASE IV.—E. H. æt. 53, married. Had jaundice two years ago, which recurred a few months afterwards; ever since that has been very weak; subject to vertigo; stabbing pains in right side and between the shoulders; tongue red and fissured; appetite good; bowels confined; urine either very pale or very yellow.

Dec. 15th, 1870. Took cold last November. Pain in loins and great trochanters; palpitation, lessened when recumbent; flushing of the whole body. R. *Ars.* 3, t. d., and to use *Amyl. nit.* lx by olfaction when the palpitation and flushing are troublesome.

Dec. 22nd. Much better. She says that smelling the medicine relieves her very quickly, and “strengthens her nerves.”

The *Nitrite of amyl* is an amber-coloured liquid, with a powerful oppressive odour, slightly resembling that of the pear.* It may be diluted with alcohol, but is so volatile that it should be dispensed in bottles only, and should not be mixed with water. I have administered it on loaf sugar, or by olfaction.

The specimen of the drug that was employed in the preceding experiments and cases was manufactured by Hopkin and Williams of 5, New Cavendish Street.

Its analogues are *acon.*, *lach.*, *naja*, *glon.*, *nux*, *bell.*, *cocc.*, *cham.*, *ver. a.*, *croc.*, *stram.*, *tab.*, *sulph.*, and *plat.*

The literature of this highly interesting drug is very limited :—

Jour. of Chemical Soc., v. xi. p. 245, 1859.

Med. Times and Gazette, v. ii. p. 334, 1863; v. ii. p. 335, 1864; v. i. p. 320, 1870, v. ii. pp. 154—271, 1870.

Lancet, v. i. p. 97, 1867; March 5th, 1870; April 9th, 1870.

Pharm. Journal, Sept. 10th, p. 209, 1870; Nov. 26th, p. 422, 1870.

Glasgow Med. Journ., August 1869.

Edin. Med. Journ., July 1870.

Practitioner, v. iii. p. 181, 1869; v. iv. p. 238, 1870.

* There are some very impure specimens in the market; *vide Pharmaceutical Journal*, Nov. 26th, 1870, p. 423. Boiling point should be 98°—99° C.

Colleges, Societies, etc.

Hahnemann Medical College of Philadelphia.—The Commencement exercises were held March 10th. 1871, in the Academy of Music.

VALEDICTORY ADDRESS, BY PROF. RICHARD KOCH, M. D.

GENTLEMEN OF THE GRADUATING CLASS:

JACQUES—in Shakespeare's Comedy—"As you like it." says:

—"All the world's a stage,

"And all the men and women merely players;

"They have their exits and their entrances!"

You Gentlemen have arrived at that momentous period, when you make your exit from collegiate life, and enter the professional. The exit is fraught with pleasant reminiscences of the past, and the entrance clouded with fears of future responsibilities.

Your marked attention to the lectures of the course, your industry in efforts to benefit yourselves by home study, your close application to practical and scientific exercises, must leave you more or less wearied; and like a faithful pilgrim, at last arrived at the much desired point of holy aspiration, you may now exclaim: "thank God, the task is done."

I rejoice with you Gentlemen,—but greet you with no ordinary emotions; for in this greeting I see embodied another less joyful expression of mutual feelings,—I mean the enunciation of "Farewell."

You are now in a transitory state; you leave the past and enter the future. Moved by the inspiration of such an hour, and by the solemnity of such an occasion, it will not seem strange in one, who has so frequently addressed you, to cast a glance upon your past career as students, and to discuss the duties awaiting you.

What have you done? What have you accomplished? You came to our institution by your own selection, not influenced by vague promises, nor by the assurance that a diploma would be guaranteed to you. You knew that what you will receive in a very short time, would not be a *gift* nor a *purchase*, but a hard earned reward. You were aware that the Hahnemann Medical College, before bestowing its honors upon you, would demand

evidences of proficiency. You came, not out of mercenary motives, still you came,—and why? Was it not to learn? Gentlemen, if the Faculty, which on this occasion addresses itself to you through me, could suspect any other motive, parting with you would be a source of joy, instead of grief.

Since you came to learn, it is not out of place to say, that your examination has proved that you *have* learned. Your attention to the course has elicited the liveliest pleasure on the part of your teachers. By this conduct you have won the esteem of your Faculty, and given them the pleasing hope, that with a zealous and successful cultivation of Science, your future will be brilliant.

I am thankful to my colleagues for this opportunity of declaring, that you have developed the spirit which we strived to raise in you—the spirit which since the foundation of this College has been its guiding principle, and which will, by your aid, enable it to reach the highest attainable point of perfection.

This principle upon which we have acted, is: *that a scientific attainment of the adherents of Homœopathy, is the only sure method to convince those who are at variance with our opinions, that our law is true, just and logical.*

When *scientific men* become the representatives of a doctrine, charlatans cannot couch under its wings.

Homœopathy is *more* than what the vulgar believe, and imposters assert, namely, that diseases “have each their record with the cure affixed,” and that medicine consists in discovering a symptom and prescribing its remedy, already ascertained and handed down from the experience of others.

Neither can the man with a book in hand and nothing in his head,—nor a so-called walking repertory, be styled a scientific practitioner, because when he finds a symptom of the disease, represented by its similar in some proven drug, he prescribes it, not knowing why.

That *like cures like*, any empiric can proclaim to his fellow men—well for him if his opinions are swallowed like his pills,—without question, for though he may himself believe what he declares, it might sorely puzzle him to give the true reason, why he *should hold* that belief.

Gentlemen, true Homœopathy admits none such to its ranks; investigation and research are its commands,—it is the exercise of judgment, the practice of scientific laws, the medical representative of an advancing age.

Were our system of medicine not of this character, it would, instead of ranking with the noblest of sciences, fall below the meanest of arts, and your long laborious studies, by which you have prepared yourselves for the exercise of your profession, would be unnecessary; the cultivation of *Anatomy, Physiology, and Pathology* useless.

But you have appreciated these necessities, and by accepting

the spirit of the institution, you have truly learned, thereby fulfilling your Collegiate duties.

Let us now take a view of your duties and responsibilities as physicians.

From this day you are travelers on the road of Medical Science, and as such you must remember, that the labors of the past, cannot and *dare* not cease; take heed lest you stumble; look well to the landmarks put up for your guidance by former travelers on this great highway; throw the light of science over dark places, and endeavor to *remove* stumbling blocks; never walk around them.

Your mission is to relieve suffering humanity, therefore it is your duty to endeavor to be prepared with relief for all cases.

At the present period the utmost activity pervades the science of medicine; it rapidly hastens to its completion. No department is left unexplored. Facts are rapidly developed, tested and established by positive reiterated observations and experiments. More than 3000 years have witnessed the progress of medicine; yet, you perceive gentlemen, that it has not reached that *perfection* as a science, so indispensable to its completion as an art. Press on then graduates; the experience of the past 3000 years is at your service; science in its present high state of development is at your command; the glorious future is open to you. Therefore let not simple results in practice, whether good or bad, satisfy you, but when good, draw your logical inferences, and proclaim the attained conclusions to your professional brethren, when bad let your busy scalpel and your chemical tests convince you wherein you have erred, so that each failure may be a lesson, and each success a mite given to the storehouse of medical literature. Let me warn you not to fall into the egotistical error of burying with yourself what belongs to the profession. Remember, the profession have, by their recorded experience, enabled you to be what you are, and you must return the favor by adding what discoveries you may now be able to make.

Prepare then, gentlemen, for the great responsibilities which await you, by continued industry, and persistent efforts to make your mark in the profession of your choice. Ever aspire higher, and keep steadily in view an *honorable* elevation. Be ambitious, seek eminence and renown, and remember—"nothing ventured, —nothing gained."

While striving to arrive at the high point of your aspirations, I pray you not to forget that the road thereto, is no imperial highway to an enchanting object. You must not expect gold and treasures for your services,—in fact the desideratum is too precious to be purchased. The path is rugged, and the vicissitudes which await you of such a nature, that unless a high moral tone characterize your professional intercourse, you will inevitably fail. Be, therefore, truthful, moral, dutiful and dignified. Let not indelicate jests and a loose bearing be the key by which

you seek to gain the confidence of those you have in charge ; these tricks belong to charlatanism, and are unbecoming an honorable practitioner.

Maintain a right position in your intercourse with the community. Be kind to the sick, especially the sick poor, and give to their suffering all your sympathy.

Be courteous, generous and scrupulously honorable in the delicate department which relates to the gentler sex. Woman is at all times deserving of our sympathy, for she is the one who has most of life's burden to carry. Think of your own mother, and your veneration and love for her will compel you to treat woman with the respect which her essential traits, her love, purity and self-sacrifice command.

Much of your success will depend upon the *confidence* which your patients can bestow upon you ; this you must seek to win. In order to gain it, you must as soon as possible understand the nature of your patient's affliction. Be sure of your diagnosis, ready to answer any question unevasively, and always prepared to give temporary relief in the sick chamber. I tell you, gentlemen, the intelligent patient can quickly tell by the slightest appearance of uncertainty on your countenance that you do not understand the case. When you are sure of your point, then be firm and positive in your orders, and let the patient understand, that as you are held accountable for his or her life, you must be strictly obeyed.

Do not, however, let professional authority lead you to unkindness. Many patients are by the nature of their disease, or through their natural character, mentally so excitable, that unless the utmost caution and tact are used, and sufficient tenderness and indulgence exercised towards the weaknesses and failings which are incident to the malady, you will lose the confidence of your patient, and materially aggravate the condition of the sufferer.

While you ask obedience from the patient, see that you are attentive to your own duties. Visit the sick as often as the nature of the case requires ; and although I discourage unrequited professional services, my conscience dictates to me, to admonish you, rather to make a gratuitous visit to the indigent, than to let your patient suffer either in reality, or by depriving him of that satisfaction and consolation which your presence might furnish. The cheerful consoling face of the physician shines in the sick chamber like the bright morning sun after a stormy night.

It frequently happens that when the confidence of your patient is won, you are looked upon as his friend, and as such may often be entrusted with secrets of himself and family ; guard these confidences as sacred treasures ; do not divulge the nature of your patients illness to others, the feeling of many in this re-

spect is such, that they would be deeply mortified by having the history of their ailments made known.

It is further your duty to guard the health of your fellow-citizens, and to protect the law by being ready to give medical counsel to the public functionaries, when required, in regard to matters at court, or for the judicious exercise of hygienic regulations.

Gentlemen, may the admonishing you to observe these duties, which you owe not only to the public, but also to your own self-respect, cause you strictly to execute them. Believe me, such duties conscientiously performed, will lead you to ultimate success.

But this is not all. In order to be recognized by the profession as their equal, you have obligations to fulfil towards them, without which the enviable position of a recognized member is lost. These obligations are few, but they are binding, as well as honorable, and should never be overlooked.

Never draw the attention of the public to yourselves by issuing private circulars, or resorting to public advertisements promising cures, or inviting those afflicted with particular diseases to engage your services. No physician of standing resorts to such means to gain practice.

Never encourage patented apparatus, instruments or nostrums. God's benevolence in gifting man with reason to invent media for relieving suffering is universal, and man should not appropriate it for mercenary purposes.

Never degrade *yourself*, nor the profession by intemperance or immorality.

Give your assistance cheerfully to a professional brother, be it to prescribe for himself, or for his patients.

Be liberal to others, for all men have an unquestionable right to freedom of opinion.

The observance of these rules will aid in keeping you in the high estimation of your professional brethren, who will be more ready to lend you a helping hand in case of need. Unity of spirit among us is necessary for the advancement of our science.

Gentlemen, I have a personal abhorrence to valedictory addresses which have no other object than the exaltation of a certain system taught, or the advertisement of the institution represented by the valedictorian. Therefore do not mistake my motive when I bring before you one more duty, that of constant affection for your Alma Mater. As you love your parents who educated you morally, so love the college which has educated you medically.

By uniting your future interests with those of your college, you not only assist in its aggrandizement and permanency, but help others in acquiring the knowledge which you have found so useful to yourselves.

There are two ways in which you can materially aid in

increasing the usefulness of the institution ; first, by the enlargement of our museum ; and secondly, by increasing the facilities for clinical instruction.

The first object is attained by sending such specimens of interest, either pathological or otherwise, which will assist your successors in their practical studies. A specimen placed in the museum is of more benefit to the profession than when in your office.

The second is reached only by your personal efforts among your friends, to place the *Hospital* in a position of self-support. Material aid in this direction will cause the donor's name to be gratefully remembered by those who will reap the benefits of his benevolence.

With these few points of advice, which are truly given in a spirit of friendly admonition, I might close these my last official words to you ; but when I look about me, and see by this numerous assemblage, how many friends you have, and the interest they take in your future welfare, I feel that you gentlemen would like to say a word to them—allow me to speak for you :

LADIES AND GENTLEMEN: In behalf of our mutual friends here, for whose sake you have had the kindness to favor us with your presence, we ask of you to give them your confidence. After much labor and industry, they claim as a reward, a just appreciation of their qualifications as practitioners, hoping that you will discriminate between them as men of science, and others who may be mere empiricists. Give them your support in affairs pertaining to their future success. When a young physician is summoned to the bedside of the sick, a feeling of the great and personal responsibility in the case, may cause him to approach with an air of timidity ; do not mistake this for ignorance or inefficiency ; it is a fearful thing to know that a human life is in your hands, and the conscientious physician can never lose this feeling. An air of self-confidence is not always indicative of proficiency or infallibility. Many a young physician often discovers by careful deliberation in forming an opinion, what one more accustomed to practice at the bedside may overlook by hasty decision and over confidence.

We would further ask you to show to them that consideration, which the arduous labors of our profession deserve ; do not by unreasonable or unnecessary calls overtax their power, and thereby sacrifice their health and strength ; allow them rest when their services are not absolutely needed, and do not forget that physicians, like other men, have some claim to the proper exercise of the third commandment.

In connection with these remarks, it may not be out of place to allude to a habit somewhat prevalent, of changing physicians, particularly when young, for light reasons. Having once selected a physician, and after being convinced of his ability and skill, you must remember that one has become acquainted with the

constitutional dispositions of the family, will be more able to render positive assistance than a stranger. A man cannot be expected to cure always and everything, therefore let not occasional failures determine you to withdraw your support from one whom you have been regarding as your friend and adviser.

And now, *Gentlemen of the Graduating Class*, the time has arrived to deliver to you the legal document which entitles you to the rights of a practitioner, but which also severs *our* connection as teachers and scholars.

We proclaim publicly that you are now our professional brethren, and as such, are henceforth associated with us in the divine privilege of working in our field of usefulness and blessing.

Do not think that because in a short time you may be far from us, you will be forgotten, nor that our relations cease. We can, and *will* still work together with all our energies, and I hope to see you all here again soon, as members of that glorious association, the *American Institute of Homœopathy*.

Until we meet again, I bid you in the name of the Faculty, an earnest and affectionate farewell.

May God's blessing be with you, and give potency to your endeavors, and in times of difficulty may His aid never fail you.

Once more farewell,—with my warmest and most sincere wishes, that wherever your lot may be cast, professional success and individual happiness may accompany you.

GRADUATES.

<i>Name</i>	<i>Residence.</i>	<i>Subject of Thesis.</i>
Rev. Amos Abbott,	Bombay, India.	Curative Action of Drugs.
James M. Armstrong,	Northfield, Ohio.	Sleep.
Wm. Ezra Barrows,	Providence, R. I.	On Scarlet Fever.
Charles Lewis Bonnell,	Brooklyn, N. Y.	{ Intolerance and Bigotry the opponents of progress in medicine.
Thomas B. J. Burd,	Flemington, N. J.	
Wm. Howard Bigler, A. M.,	Philadelphia, Pa.	Typhoid Fever.
Charles Francis Bingaman,	Lionville, Pa.	The future science of Homœopathy.
Charles Dake Crank,	Pittsburgh Pa.	The diagnosis of Pregnancy.
Eugene Bonaparte Cushing,	Lynn, Mass.	Uterine Pathology.
Wm. Henry Corwin, A. M.,	Lebanon Ohio.	Genista Tinctoria.
Samuel L. Dreibelbis,	Reading Pa.	Classification of Remedies.
Albert Job Evans,	Lockport N. Y.	Proving of Flacourtia.
Walter Fletcher Edmundson,	Pittsburgh, Pa.	Pleuritis.
James Amos Fechtig,	Hagerstown Md.	Asthma.
Albert Le Roy Fisher,	Canandaigua, N. Y.	Stricture of the Urethra.
Merrill Washington Hill,	Barre Vt.	Alcohol and Animal Tissues.
James Branyan Hall,	Mansfield, Ohio.	Pertussis.
Albert Hammond,	Hagerstown, Md.	Pneumonia.
George Hosfield, Jr.,	Philadelphia, Pa.	Sterility.
Francis Eugene Harper,	Shamokin, Pa.	Diabetes.
George Herbert Hackett,	Belmont N. H.	Baptisia Tinctoria.
Levi Hoopes,	Toughkenamon Pa.	Asthma.
Wm. Henry Keim,	Philadelphia, Pa.	Conception.
Geo. Jacob Washington Kirk,	Hatborough, Pa.	The Blood.
John W. Klein,	Louisville, Ky.	Amorphous phosphorus.
Henry Schwantzbach Keller,	Hetricks, Pa.	Medical Ethics.
James Clifford Kennedy,	Pittsburg, Pa.	Typhoid Fever.
Wm. Kelly Knowles,	Augusta, Me.	Onanism.
Chas. Henry Lawton,	Newport, R. I.	Psychological Diseases.
Taylor Lansing,	New York, N. Y.	The Nerve Force.
Madison Bayard Morris,	Philadelphia, Pa.	The Nervous System.
George Evelyn Morgan,	Rochester N. Y.	Neuralgia.
Thomas Mathison,	Franklin, La.	Physician and patient.
		Pulmonary Tuberculosis.

<i>Name</i>	<i>Residence.</i>	<i>Subject of Thesis.</i>
George H. McLin,	Buchanan, Mich.	Criminal Abortion.
Perry Marshall,	Mt. Holly, Vt.	Abortion.
Allan Gifford Peckham,	Easton, N. Y.	Diphtheritis.
Edgar John Pusey,	Philadelphia, Pa.	} The Scientific Classification of Skin Diseases.
Joseph Robert Pollock,	Galesburg, Ill.	
Frederick Herbert Packer,	Brattleboro, Vt.	Pleuritis.
Rufus Reed,	Camden, N. J.	Variola.
Wm Henry Romig, M. D.,	Allentown, Pa.	The Stomach and its Diseases.
Elijah P. Rogers,	Pendleton, Ind.	Pyæmia.
John Thomas Sutphen,	Middletown, Ohio.	Intermittent Fever.
David Ryder Stouffer,	Chambersburg, Pa.	Fecundation.
Edward Henry Stilson,	Galesburg, Ill.	Similia Similibus.
Emanuel M. Scheurer,	Hanover, Pa.	Development of the Ovum.
Charles Steddom,	Lebanon, Ohio.	Phthisis Pulmonalis.
Jose Antonio Terry,	Cienfuegos, Cuba.	Constipation.
Frank Wm. Thomas,	Philadelphia, Pa.	Yellow Fever.
Charles Monroe Thomas,	Philadelphia, Pa.	Chemical Analysis.
Jessie Williams Thatcher,	Howellville, Pa.	Mechanical Hemostatics.
Lewis Woodward,	Newport, Del.	Leucorrhœa.
William Kennedy Williams,	Phoenixville, Pa.	Absorption of the Human System.
Caleb Beakly Walrad,	Three Mile Bay, N. Y.	Mental Diseases.
		Pyelitis.

St. Louis College of Homœopathic Physicians and Surgeons.—

The commencement exercises of the St. Louis College of Homœopathic Physicians and Surgeons took place at Polytechnic Hall. The trustees were all present except Capt. Silas Bent, who was kept away by death in his family. His place was filled by Mayor Cole, who presented the diplomas to the graduates.

NAMES OF THE GRADUATES.

The Dean of the faculty announced that the following gentlemen had passed a satisfactory examination, and having been recommended to the Board of Trustees, had been admitted to the degree of Doctor of Medicine. The names of the graduates were then called, and the Mayor of St. Louis, Hon. Nathan Cole, one of the trustees of the college, presented the diplomas to the graduates as follows,

GRADUATES

John I. Kane, St. Louis, Mo.; Henry C. Miller, Pittsburg, Pa.; Thomas N. McCorkle, A. M., Naples, Ills.; Christian J. Wendt, New Brighton, Pa.; Peter H. Wessel, Davenport, Iowa; William H. Boardman, Pittsburg, Pa.; Emanuel A. Grivaud, St. Louis, Mo.; William F. Dill, Pittsburg, Pa.; Thomas Bradford, M. D., St. Louis, Mo.; Barton W. Nelson, Clinton, Mo.

HONORARY DEGREES

were conferred upon the following gentlemen: Dr. Martin Mayer Marix, Denver City, Col.; Dr. J. Kafka, Prague, Bohemia.

AWARDING OF PRIZES.

The Pattison medal, for proficiency in surgery, was awarded to Dr. E. A. Grivaud. It was presented by the donor, Prof. E. W. Pattison, who made a handsome speech to the recipient. The medal is a gold one with a silver rim, and is appropriately inscribed.

The prize for proficiency in materia medica—a medicine case,

donated by Mr. H. C. G. Luyties, was presented, with fitting remarks, to Dr. Kane by Dr. Terrill.

The same student was awarded the Comstock silver medal for proficiency in obstetrics. On making the presentation, Prof. Comstock said: *Dr. Kane:*

SIR: In awarding to you the medal for your proficiency in midwifery, I will simply call to your attention its motto, "*Omnia ars imitatio naturae est.*" a maxim which should ever guide the scientific, prudent and experienced accoucheur. These quaint words of Seneca, which express so much, admonish the qualified physician and surgeon that he should by his art assist in the accomplishment of the result which nature designs, but which she fails to complete.

The Mayer Marix medal for proficiency in chemistry was also bestowed upon Dr. Kane, with a few happy remarks by Prof. Reid. He said Dr. Mayer Marix has planted the standard of homoeopathy on the Rocky Mountains, and had obtained from his own mines the silver of which the medal is made. He urged the recipient to emulate his donor in the pursuit of professional fame.

A BENEFACTOR.

Prof. Comstock stated that Dr. J. N. Echels, of San Francisco, had donated a valuable collection of medical and surgical works to the college, and had also sent yearly as a contribution \$50 in gold, to be given to the best student among the beneficiaries of the college.

VALEDICTORY.

The valedictory was delivered by Professor R. S. Voorhis. It was an able production, and well worthy of publication, but want of space restricts us to a brief synopsis of some of the points touched upon. He began with the dawn of creation, when the earth was made, and traced the progress of animated nature to the crowning act, the creation of man, the masterwork of the Deity. In speaking more particularly to the class, Prof. V. quoted the words of Bacon:

"I hold every man a debtor to his profession; from the which as men of course do seek to receive countenance and profit, so ought they of duty to endeavor themselves, by ways of amends, to be a help and ornament thereto. This is performed in some degree by the honest and liberal practice of a profession, when men shall carry a respect not to descend into any course that is corrupt and unworthy thereof, and preserve themselves free from the abuses wherewith the same profession is noted to be infected; but much more is this performed if a man be able to visit and strengthen the roots and foundation of the science thereof; thereby not only gracing it in reputation and dignity, but also amplifying it in perfection and substance."

Prof. Voorhis is evidently not a strong advocate of the "coming woman." in his advice to the young doctors, he said:

"You must prepare for a reform already begun to revolutionize our civilization by obliterating from it an influence heretofore esteemed the greatest fertilizer of whatever in our nature is tender, true and beautiful, harmonizing and spiritual. Female influence is no longer to fall upon the harsh and discordant elements of our society, as the dews of the fragrant morning upon crushed and dried flowers. Henceforth we shall have only masculine muscle, and masculine mind and morality. This may be well for the muscular energies of the next generation. Whilst your hearts expand to the proportion of enlightened philanthropy your reason must assert its pride of place."

Prof. Dr. T. G. Comstock, Dean of the Faculty, delivered the
CHARGE TO THE CLASS.

Gentlemen Graduates: It devolves upon me to say to you a few words, as I have been selected by the faculty to give you the charge. You have now passed your examination and have been admitted to the degree of Doctor of Medicine. Your studies have not ended, they have only just begun. Your first duty is to continue to study; you will not be able to learn medicine by intuition; it must all be done by persevering study. It will little avail you to be a "seventh son of a seventh son." I repeat it, you require to *study*, and observe carefully every case of sickness which comes under your observation. Again, I say study, and cultivate your memory; recollect what you see, and have a distinct idea of the progress, course, and probable termination of every case of disease that you are ever called upon to treat. Above all, do not be too sanguine. You cannot diagnose a case by guess, and before you can give any medicine or adopt any therapeutical expedient, you should have a clear idea in your mind of the nature of the affection to be treated. If the complete diagnosis is obscure, then prescribe for the most prominent symptoms, remembering that diseases are not treated according to their names; still it is your first requisite to acquaint yourself, as much as possible, with the exact seat of every lesion you are called upon to treat, as well as its peculiar nature. To be successful, you must, above all things, be diligent.

The great Velpeau's last legacy and his last words were: "*Il faut toujours travailler mes amis*,"—It is necessary to work always, my friends. This was the last sentence he uttered, and this great man—perhaps the greatest surgeon France ever gave to the world, the son of a village blacksmith, born in poverty, in a measure self-educated, without fortune or brilliant genius—discovered the secret of success: to always be working; that is, studying. Do not forget this lesson; economize your time; never pass a day or an evening without learning something. Keep up with the times; read the medical literature of the day, and *read both sides*. Do not let the discoveries of the Old School escape your notice; and if you find there anything really valuable, it is

your duty to avail yourself of it and apply it in practice if it will give relief to suffering or cure your patients.

Do not fall into a routine manner of treating diseases according to their names, but investigate well every case, and cultivate a habit of always individualizing; by so doing you will not be taken unawares should a case suddenly terminate fatally. In your intercourse with your professional brethren, above all let the golden rule be your guide—"do to others as you would have others do to you" and if a professional brother has possibly made a wrong diagnosis, or been unsuccessful in some surgical operation, before you criticise it spare his feelings a little; in other words, "put yourself in his place." If you have a consultation with any physician, you should make it a point either to learn something from your confrere, or, perhaps, teach him something. Among your patients do not gossip, or lend your ear to any gossip. Be certain to know more good of your patients and professional brethren than evil. Be dignified and decided, but not rash or unkind! Provide yourselves with all the requisite books, instruments, and every appliance of your art. Constantly add accessions to your library, and be eager to possess the latest editions of your standard medical text books. Do not forget the importance of self-culture, and this is something you cannot gain alone either from books, schools or medical associations. Your experience must be enriched by judgment and mature reflection, otherwise you will be found wanting in that tact and hearty sympathy which will be sure to gain for you the confidence of your patients, and thereby enable you to continue permanently as their physician. Many an excellent physician has failed to secure patients because he had no tact or knowledge of the world.

Physicians, of all others, should be model men; in all things scrupulously particular, especially in morals and religion. The province of the good physician will naturally lead him to seek the paths of Christianity; and we hold that no medical man can be a model man or an influential and popular leader, unless he embraces and adheres to the doctrine of morals as taught in the Holy Bible. If you will conform to these rules, your Alma Mater will be proud of you. In therapeutics, remember the maxim, "*Similia similibus curantur*;" and with this law of cure to direct you, we advise you to have in mind the following maxims: "*In certis unitas, in dubiis libertas, in omnibus charitas*." In matters pertaining to medicine, where there is no doubt, be united. If doubts arise, or your brother practitioner has another opinion at variance with yours, be liberal-minded towards him; but in all matters pertaining to belief in medicine, (for it is, in our present condition, an uncertain science,) be charitable.

Finally, I wish to impress upon you a principle, which is a safe one for the physician, to follow while pursuing his studies and scientific researches: Prove all things, hold fast to that which is good, and ever *dare* to do right.

Gentlemen, I bid you now farewell.

Rev. Dr. Brooks pronounced the benediction, and the exercises at the hall closed. The company adjourned to the College building, on Sixteenth street, where a sumptuous

BANQUET

was in waiting. This was enjoyed by a number of ladies and gentlemen, and mirth and merriment filled up the remainder of the evening.

Homœopathic College of Missouri.—This institution held its Eleventh Annual Commencement on the 21st. February. The exercises were interesting. The address of the President of the Board of Trustees was peculiarly appropriate and beautiful, and his charge to the graduating class was well received. The graduates were:

Mr. Brown, of Virden, Illinois.
 Mr. Lemon, of Jacksonville, Illinois.
 Mr. Gapp, of Strasburg, France.
 Mr. McMahon of St. Louis, Missouri.
 Mr. Carrier, of St. Louis, Missouri.
 Mr. Baker, of St. Louis, Missouri.
 Mr. Landpoldt, of Illinois.
 Mr. Venable, of Paducah, Kentucky.
 Mr. Knox, of Iowa.
 Mr. Williams, of Chenowa, Illinois.
 Mrs. M. E. Munsey, of Virden, Illinois.

The newspaper report says: Mrs. Munsey is the first female graduate west of the Mississippi, and the event inaugurated a new era in the history of this old established College. The lady will do honor to her *Alma Mater*.

After the exercises the company retired to the Sanderson House, corner of Fourteenth and Olive streets, where they partook of a sumptuous supper, which it is said was enlivened by generous wines.

[The practice of using intoxicating drinks on such occasions is *ungenerous* in our opinion.]

Homœopathy in University of Michigan.—On March the 22d in the House of Representatives of Michigan, House bill No. 199, entitled A bill to provide for the appointment of two professors of homœopathy in the department of medicine of the University of Michigan having been read a third time, and the question being upon its passage, pending the taking of the vote thereon; Mr. Little moved to amend the bill by inserting in the third line of section 1, after the word "Homœopathy," the words "and one professor of Thompsonian system of practice; also by striking out the word "four," in the second line of section 2, and inserting the word six and adding at the end of said section the words, "two thousand dollars of which sum shall be paid to said Professor of Thompsonian system of practice." Which motion did not prevail.

Mr. H. Haynes moved to amend the bill by striking out all of section 2. Which motion did not prevail.

Mr. Grosvenor moved to recommit the bill to the committee on State affairs, with instructions to amend the same by striking out section 2, and report immediately. Which motion prevailed.

The committee on State affairs submitted the following report: The committee on State affairs, to whom was recommitted House bill No. 199, entitled "a bill to provide for the appointment of two professors of Homœopathy, in the department of medicine of the University of Michigan, with instructions to strike out section 2 of the bill, respectfully report that they have had the same under consideration, and have directed me to report the same back to the House amended as instructed, and ask to be discharged from the further consideration of the subject. A. Cameron, *Chairman*.

Report accepted and committee discharged.

On motion of Mr. Huston, the House concurred in the amendment made to the bill by the committee. Mr. Ferris moved that there be a call of the House, which motion did not prevail.

The bill was then passed, a majority of all the members elect voting therefore, yeas 61, nays 25.

On motion of Mr. Grosvenor, by a vote of two-thirds of the members elect, the bill was ordered to take immediate effect.

Mr. C. K. Backus, *Tribune* Correspondent, says: "The bill will probably pass the Senate, and as a law will bring to the homœopaths no practical results of value, will not settle in the slightest degree the unfortunate controversy between the medical schools, will involve our University in more turmoil and litigation, and may be ingeniously and adroitly used to the disadvantage of the Republican candidates of the coming spring election."

[Our politicians should understand that unless the homœopaths of Michigan receive their rights in connection with the University, there will be more splitting of tickets in the future than there was at the recent spring election. E. A. L.]

In the Senate on March 23d, by the committee on public instruction:

The committee on public instruction, to whom was referred a bill to provide for establishing a Homœopathic Medical College in the State of Michigan, respectfully report:

The question of homœopathy and its introduction into the University, has long been under discussion. In the session of 1855, the Legislature passed a law creating a chair of homœopathy in the medical department of that institution. This law the Regents refused to comply with, and said chair remained unfilled until the session of 1867, when the Legislature, on application of the Regents, granted aid to the University to the amount of \$15,000 per annum, but with a proviso that the law creating the chair of homœopathy should be complied with. It was then supposed that the claims of this medical system would be recognized.

But, here again the Regents declined to make the appointment, and hence were debarred from receiving the appropriation, until two years later, when the Legislature granted the University said money *without conditions*.

Thus it appears that twice has the Legislature signified its desire to have this system of medicine taught in the University, one of which acts stands now, and has stood unrepealed sixteen years.

It is unnecessary to allude to the reasons which actuated the Regents in non-complying with the terms of this act, further than that they fear the union, or attempted union, of two systems so radically opposed to each other, will result in serious injury to the University, of which they are its guardians. However desirable it may be to have the homœopathic system of medicine introduced into the University, it does not seem practicable, as long as the Regents are opposed to it. The constitution of the State gives the Board of Regents the "general supervision and control" of that institution, and although the matter has been before the Supreme Court, it is found that there is no way to compel them to make an appointment to which they are opposed.

Hence, the connection of homœopathy with the University has been more ornamental than useful, and it is feared it will remain so as long as said Regents decline to act favorably thereon,—notwithstanding legislative acts to the contrary.

And were it possible for this or any other Legislature to establish and fill a chair of homœopathy in the University, it is most probable that with the opposition which it would receive from the Regents and allopathic faculty, it would result in complete failure as far as teaching and elucidating the homœopathic system of medicine.

What then shall be done? This system of medicine has extended over the civilized globe, and has a strong hold of the affections of the people of this State, and it is found desirable to foster it by legislative enactments. This being true, it is all important that whatever legislation is had, should be in accordance with the view of the Regents. Fortunately we know what these are. At one time they proposed to establish a separate school of homœopathy at some other place than Ann Arbor. We have reason to believe that they are now in favor of that measure, and that they will cheerfully carry it out, if we now grant them the small sums provided for in this bill. That this will be the best course to pursue and result in greatest advantage to that system, should be apparent to all. Medical colleges flourish best in large cities, where there are opportunities for clinical instruction, and where the faculty can obtain a supporting practice. When thus organized, the expense of continuing it is not great: certainly not when compared with literary colleges. The medical department of the University at Ann Arbor

it is claimed, has long paid its way and added somewhat to the general fund of the institution. It is reasonable to expect that a homœopathic department will do as well. But, at the best calculation, for a few years there would be a small annual deficiency over what would be received from students. This bill provides for that and it is for you to determine whether the expense is warranted at this time.

One result would be, and a very desirable one, this contest which has been going on for years, and which to appearance will be interminable, would end. That this would be much to the advantage of the University will be evident to all.

It is worth while here to mention that three years ago, when the Regents had in contemplation the establishment of a separate department, substantially as provided in this bill, the physicians of the State of this practice approved of it in the proportion to twelve to one.

Respectfully report that they have had the same under consideration, and have directed me to report the same back to the Senate, without recommendation, and ask to be discharged from the further consideration of the subject. *W. F. Storrs, Chairman.*

Report accepted and committee discharged.

The bill was ordered printed, referred to committee on the whole, and placed on the general order.

At the meeting of the Board of Regents on March 28 Regent Walker, remarked upon the bill just passed by the House at Lansing, said that it was the desire of the Regents to settle this question of homœopathy, but that it was not their desire to have any such provision as that proposed by the bill just passed by the House. In view of the feeling of the Regents upon the subject, Regent Walker offered the following

MEMORIAL TO THE LEGISLATURE.

To the Senate and House of Representatives of the State of Michigan:

Your memorialists, the Regents of the University of Michigan, respectfully represent that they have given the question of medical instruction in the University their most earnest and thoughtful attention for many years. It has been, and is still, the most troublesome question connected with our administration of the trust reposed in us by the people. We have made several attempts to harmonize adverse views, and provide for instruction in homœopathic medicine, without the destruction of our present Medical Department, which is justly the pride of the State, but so far in vain.

After the passage of the act of 1867, we endeavored with the approbation of a large majority of the homœopathic practitioners in the State, to establish a homœopathic school at some other point than Ann Arbor. But the Supreme Court, by an equally divided bench held practically that a school away from Ann Arbor was not in compliance with the law of 1867. The acts of

the Regents were approved by the Legislature of 1869, who repealed the so-called "homœopathic proviso."

The question is again before your honorable body; and this is most anxious that this question should be settled forever. It is the unanimous opinion of this board, after years of study.

1. That in the present state of medical feeling (for which the board is in no way responsible) it is utterly impossible to combine the teaching of the two schools in one institution, for the reason that such is the system of County, State and National medical associations, and such are the rigid rules of medical colleges and societies, that medical professors connected with such a mixed school would be ostracised from all professional standing in their respective schools, the diploma of the institution would be disregarded, and students would, of course, cease to attend an institution whose degrees would not open to them the door of the school of practice in which they believed and had been taught. That therefore the carrying out of the bill which has just passed the House of Representatives would overturn and destroy our present Medical Department, and overthrow the work of 25 years

2. That all that can justly be asked, viz., equal advantages of instruction, can be accomplished as well, or perhaps better, by locating a homœopathic school at some other city of the State than Ann Arbor. By this course our present department, built up by so much unremunerated toil and labor will be preserved intact.

Wherefore, your memorialists respectfully ask that a bill may be passed permitting this board, or some other board, to locate and organize a homœopathic school of medicine in some city of the State which they may select, and grant for its endowment such sum as to your honorable body shall seem best, there being no funds in hands of the Regents applicable to that purpose, and the current expenses of the University absorbing the whole income.

The above memorial was signed by Regents C. M. Stockwell,* E. C. Walker, Hiram A. Burt, James A. Swezey, James H. McGowan, Thomas D. Gilbert and J. Estabrook.

A memorial was at this point presented from some homœopathic physicians of Detroit and vicinity, in which they asked the Regents to give their support to the homœopathic bill now pending before the Senate at Lansing. On motion, the memorial was referred to the Committee on Medical Department. This memorial contained, in substance, the views expressed by the Regents in the above memorial from their hands.

On motion of Regent McGowan, Regent Estabrook was appointed a committee to present the memorial from the Regents to the Legislature.

On March 28 the Memorial of the Board of Regents was

*Regent Stockwell is an allopathic physician.

presented to the Senate, referred to Committee on Public Instruction, and ordered printed in the journal.

On March 29, the time fixed by the Senate having arrived for the consideration of House bill No. 199, entitled a bill to provide for the appointment of two professors of homœopathy in the department of medicine of the University of Michigan; Senate bill No. 214, entitled a bill to establish the "Homœopathic Medical College of the University of Michigan."

On motion of Mr. Moffatt, the Senate went into committee of the whole for the consideration of the bills, Mr. Gay in the chair. After some time spent therein, and an animated debate, the committee rose, and, through the chairman, made the following report:

The committee of the whole have had under consideration House bill No. 199, have stricken out all after the enacting clause thereof, and ask the concurrence of the Senate in their action.

The committee of the whole have also had under consideration the following bill:

Senate bill No. 215, entitled a bill to establish the "Homœopathic Medical College of the University of Michigan;" Have made some progress therein, but not having gone through therewith, have directed their chairman to report that fact to the Senate, and ask leave to sit again. *M. L. Gay Chairman.*

Report accepted.

The Senate concurred in the action of the committee in striking out all after the enacting clause of the first named bill.—Yeas 16 Nays 12.

On motion of Mr. Stockbridge, the title and the enacting clause of the first named bill were laid on the table.

On motion of Mr. Cravath, leave was granted the committee to sit again for the further consideration of the second named bill.

On Thursday March 30. The Senate went into committee of the whole on Senate bill No. 215 entitled "A bill to establish the Homœopathic Medical College of the University of Michigan. after discussion struck out all excepting the enacting clause. The Senate by a vote 13 to 12 concurred in report of committee,

On Friday March 31st in House of Representatives, in motion of Mr. Grosvenor the bill to provide of the establishment of a Homœopathic Hospital, and appointment of two professors in the Michigan University was taken from the table and recommitted to a committee on State affairs.

The House then adjourned to the 5th of April.

In the House of Representatives April 10, the committee on State affairs, to whom was recommitted House manuscript bill, entitled a bill to establish a homœopathic hospital and the appointment of two professors in the medical department of the University of Michigan, beg leave respectfully to report that they

have had the same under consideration, and while we still hold that the Regents of that institution ought to so manage it as to dispense its blessings to the people, without discrimination in favor of pathy, or sect, or fraternity, that scientific attainment should be the requisite qualification of professors, without reference to class or school, your committee also believe that the whole subject has sufficiently engaged the time and attention of this committee and of the Legislature for the present session, and have directed me to report the bill back to the House, without amendment, recommending that it do not pass, and ask to be discharged from the further consideration of the subject. *A. Cameron, Chairman.*

Report accepted and committee discharged.

On motion of Mr. Gilman, the bill was laid on the table.

[No reasonable man of any school can doubt of our ultimate success in this controversy. The Regents have abandoned all idea of ignoring homœopathy, but they have not yet decided upon giving us all we should receive. It is said that at least 60 members of the Legislature have pledged themselves, if returned to the House or Senate, to vote against any appropriation whatever to the University if the allopathic monopoly is continued. We do not believe that this threat will have much influence. The Regents will admit homœopathy because (1.) it is not right to perpetuate the monopoly now existing in the University of the people. (2.) Because homœopathy is legally and morally entitled to the position we claim for it in the University.] E. A. L.

A CASE OF "MEDICAL JURISPRUDENCE."

Editors "*Detroit Daily Post*" of February 18, 1871 say: The claims of the homœopathic people of this State to professors' chairs in the Michigan University are based upon a law passed in 1855. The law reads as follows:

"The Regents shall have power to enact ordinances, by-laws, and regulations for the government of the University; to elect a President; to fix, increase and reduce the regular number of professors and tutors; and to appoint the same, and to determine the amount of their salaries; *provided* that there shall always be at least one professor of homœopathy in the Department of Medicine."

Whatever may be the merits or demerits of the homœopathic system; whatever may be the rights of each class and kind of medical healers, *one* thing is clear: the law of the State of Michigan sixteen years ago established a chair of homœopathy at the University. That law has not been repealed. It has not been

obeyed. For sixteen years the Regents have disobeyed it. Either that law should be enforced or it should be repealed. If it is a bad law, President Grant's aphorism about enforcing a bad law, and thus securing its repeal, is the safest rule to follow. If it is a good law, it ought to be enforced. At present it is a mere farce, and should be either expunged or made effective. Whatever opinions one may have of the medical system, or the "quackery" which it favors, no one can deny that this law ought not to encumber the statute books as a dead letter. If homœopathy is "quackery," it is disgraceful in the State of Michigan, whose Legislature is now brooding over a law for the punishment of quackery, to sanction and authorize the teaching of "quackery" by legal enactment. If homœopathy is a medical science, in deference to the numerous persons who practice and believe in it, it should be taught in the University. Those who demand a professor's chair of homœopathy in the University under the present law are clearly in the right. It is written and printed in black and white. "There shall always be at least one professor of homœopathy in the Department of Medicine." This is *the law*; the *fact* is there never has been a professor. Gentlemen of the Legislature, enforce or expunge your law!

In connection with this subject, we may say that there is a tendency to bigotry in this matter on the part of the Government officials, who have a professional bias, which can only result in a reaction favorable to the victims of it.

For example, the commissioner of pensions has removed the examining pension surgeons, Dr. SPOONER, of Oneida, New York, and Dr. HOPPIN, of Providence, from their positions, not because they are bad surgeons and pathologists, not because they cannot tell whether a man is sick or wounded, or shamming illness and simulating injuries, but because they "do not belong to the school of medicine recognized by the bureau." As pension surgeons do not administer medicine, and as their qualifications are those of education and general medical knowledge, the removal of these two surgeons was unjustifiable on the ground assigned by the commissioner. The subject is now before Congress. The consequence will be to call attention to the injustice, and create any amount of sympathy for homœopathic people, and give their principles a prominence they could not of themselves have secured. The Government is not or should not be run in the interest of *any* school of medicine.

Another example of bigotry is afforded by the Medical Museum at Washington, also under Government control. It has made some very remarkable discoveries in the microscopic investigation of vital tissues. The results of these experiments have been photographed, and copies have been widely distributed not only throughout the United States, but among the scientific societies of the Old World. European microscopists have confessed

that in some respects America has beaten them on their own ground.

But no homœopathic college, hospital, or institution can secure copies, either by money or favor. The *Christian Union*, Henry Ward Beecher's paper, says that the exclusion has gone so far that "a New York microscopist of confessed eminence, who has been repeatedly employed by the museum in making preparations, and who was the constant recipient of the official reports, found himself lately cut off from the lists, and on applying for the reason, discovered that his crime was his membership of a non-orthodox school of medicine."

The *Christian Union* adds:

"We candidly confess our inability to discover an adequate explanation of this conduct. Beside the medical museum, Government has an Agricultural Department. Now, in scientific agriculture, there are men that believe that a marl top-dressing is everything, and there are others who fight for sub-soil plowing. There are the guano school and the superphosphate school. But what would farmers think if they found themselves shut off from the Agricultural Reports because their pet crochets ran counter to those of the department? The logic applies equally to our National Medical Museum. And if the reply comes that homœopaths are quacks and impostors, we would simply answer that this is an additional reason for giving them the full benefit of scientific progress."

We speak of these instances collaterally, as proof of an unwisdom and a foolish intolerance which injures those who indulge in them, and in which, as officers of the Government, they have no right to indulge.

Beyond and above all these considerations, however, is the fact that the supporters and disciples of homœopathy in Michigan have rights under a statute law of the State which for sixteen years have been denied them. If they have no claims to the enactment of such a law, erase it from the statute book. If they have rights under it, give them those rights. It seems to us that *this* is a case of "medical jurisprudence" about which no two reasonable men can dispute a moment.

American Institute of Homœopathy.—*Bureau of Clinical Medicine, 1870-71.* TO THE MEMBERS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY. The Bureau of Clinical Medicine would call the attention of the profession to the department assigned them, and solicit their co-operation and assistance. Each member of the Bureau with one exception, is pledged to present a paper at the meeting of the Institute in Philadelphia, in June next, and it is not doubted that topics of interest, and material of value to the profession, will be thus brought before the meeting. But to make these reports as complete as may be, the members of the Bureau would solicit the report of important cases to either member, for which the contributor will be duly credi-

ted. And any new epidemics or unusual diseased conditions reported to them, will be published in full or presented in abstract with full acknowledgment to the author. It is the wish of the Bureau to call out some of the best work from the profession and add something to our stock of professional knowledge. Each member of the Institute to whom this call may come, will please consider himself a committee of one to write something and send it early to either of the members.

S. M. Cate, Salem, Mass.; George E. Belcher, New York; D. H. Beckwith, Cleveland, O.; J. C. Burgher, Pittsburg, Pa.; N. F. Cooke, Chicago; W. H. Holcombe, New Orleans; F. B. Mandeville, Newark, N. J.; A. T. Bull, Buffalo, N. Y.; John T. Temple, St. Louis.

Homœopathic Medical Society of Ohio.—The seventh annual meeting will be held in Cincinnati, O., on Tuesday and Wednesday, May 9 and 10, 1871. The Convention will hold its sessions in the parlors of the Walnut Street House, where board can be obtained for \$3.00 per day.

Special Notice.—Arrangements have been made for free return passes on the railroads, to members in attendance upon the convention.

Hahnemann Medical College Chicago.—*Spring term of lectures.* We copy the following from the *Chicago Tribune* of March 16:

"The spring term of Hahnemann Medical College commenced yesterday, with a lecture by Prof. E. M. Hale, introductory to his course of lectures on 'Organic Diseases of the Heart.' The new college building is located on Cottage Grove avenue, near Twenty-ninth, and is connected with Scammon Hospital, and a free dispensary, largely patronized, open from 11 to 12 A. M.

There will be fifteen lectures each week for nine weeks, by the following named professors, and on the following subjects:

Dr. R. Ludlam, *Diseases of Women.*

Dr. W. Danforth, *Surgery.*

Dr. J. S. Mitchell, *Physiology of Generation.*

Dr. S. P. Hedges, *Visceral Anatomy.*

Dr. F. A. Lord, *Vegetable Chemistry.*

Dr. T. S. Hoyne, *Materia Medica.*

Dr. R. N. Foster, *Diseases of Children.*

Dr. E. M. Hale, *Organic Diseases of the Heart.*

California Homœopathic Society.—On Saturday the 25th inst. the organization of the "California State Medical Society of Homœopathic Practitioners" was completed, and the following officers were elected for one year: President, J. J. Cushing of San Francisco; First Vice-President, F. Hillier of San Francisco; Second Vice-President, J. A. Albertson of San Francisco; Recording Secretary, J. S. Beakley of San Francisco; Corresponding Secretary, E. J. Fraser of San Francisco; Treasurer, M. J. Werder of San Francisco; Board of Censors, J. M. Selfridge of Oakland; J. S. Shepherd of Petaluma; J. P. Dinsmore of San Francisco. The Society begins its career with twenty-five members, and their learning, unity and zeal betoken for it a bright prospective future.

Miscellanea.

Original articles.—A correspondent writes: "I read with disappointment in one of the recent numbers that you would not extract from other publications but devote the *Observer* wholly to original matter. Hitherto I have relied upon the *Observer* exclusively for medical hints, and articles, but according to your announcement I shall have to take other journals if I keep respectably posted in medical literature. I doubt not you will modify the programme and select from the British and American journals, and thus obviate the necessity of your patrons taking them. If you had selected from a wider field, the last number in particular would have been, to say the least, more useful. Short, condensed, practical articles, whether original or selected, are what the practitioner wants. This is written in kindness, and in the hope that original matter, when of an inferior character, and of no practical bearing, shall give way to something selected."

[We expect to fill our pages mainly (not exclusively) with original articles. E. A. L.]

An Ague Cure?—A homœopathic physician writes: "Having an ague cure which proves itself a success. I desire to call the attention of the profession to it through the *Observer*. No symptoms of ague are experienced after the first dose, consisting of four pills, (sugar coated), and there are no unpleasant symptoms from the effects of the medicine, which will not harm a babe. Three pills are given every seventh day after for five weeks and the cure is complete.

Is it any wonder that after success in over one hundred cases without a failure, I should be a little enthusiastic. Should any homœopathic physician desire such a remedy. I will send one hundred pills for \$3.00 C. O. D. a smaller order I prefer not to bother with. Full directions for using &c. will accompany each box. Several of my brethern are already using.

[We omit the name to above as we are not willing to advertise nostrums. How is it that an intelligent physician, and a graduate of a homœopathic college, can think of selling secret remedies? If the Dr. has a valuable remedy it belongs to the profession. His knowledge came by the gifts of the profession to him; will he give nothing in return? We have not however the slightest confidence in his possession of one remedy, or combination of remedies, for all cases of intermittent." E. A. L.]

PERSONAL NOTICES, ETC.

James.—Dr. Bushrod W. James writes from Savannah Georgia, March 29th, 1871:—"DR. E. A. LODGE,—*Dear Sir*,—I have run off from practice for a short spell, in order to recupeate my over taxed physical frame, as I find I cannot regain strength at home where many business cares are all the time passing upon me. I desire to gain my accustomed energy so as to resume my medical pen more vigorously than ever for the *Observer*.

I shall visit Florida ere I return and shall post myself upon the merits of the climate before I leave this section of the country for there is no doubt but that climate is a better curative agent for some diseases than medicine. That is, there are some cases that *cannot* be cured by medicine while they continue to reside in our temperate zone with its sudden changes, while a residence alone in a mild warm temperature and climate, would restore them to health without any medicine. Yours very truly, and fraternally.

BUSHROD W. JAMES.

Crank.—I am pleased to announce a valuable addition to our homœopathic faculty in Tennessee, in the person of C. D. Crank, M. D., who has just located at Knoxville

J. P. D.

NECROLOGICAL.

Duhring.—Fell asleep in Jesus, on Thursday morning, March 2d. 1871, at Philadelphia, after a short illness, Henry Duhring, in the seventy-fifth year of his age.

We extract from "*All Saints Monthly*" the following notice:—Last month, with deep sorrow, we published a notice of the sudden death of Dr. George H. Duhring. How little we then imagined that his honored and respected brother, Mr. Henry Duhring, would so soon be called to share with him the long sleep of death. Even now, while we are writing, it is hard for us to realize that both these good and Christian men are no longer with us. It was but a few days ago that Mr. Henry Duhring favored us with a visit to our study, and cheered us in our sorrow with loving and kind words of sympathy. He was then apparently in good health, and we dreamed not then, on parting that his cheerful and pleasant "good-by" was life's last and long farewell. Truly is an hour that we think not the Master cometh, and calleth us from earthly scenes to the happiness of our better home. Hand in hand for many years these brothers walked together as true and faithful friends, and in death but for a day have they been separated. In our sorrow we cling to the blessed hope that, that though absent from us, they are at rest in Jesus. Each performed well and faithfully his life work; the one as a Christian physician in a life-ministry to the sick and the suffering, and the other a Christian merchant building up a large and successful business by honesty, integrity and enterprise. They have well done their life work, and now they have their reward in the better glory of the heavenly home. Great is our loss, but how happy is the remembrance of two such honorable and useful lives. Of a family of six brothers one only now is living, and he, the Rev. Louis Duhring, is a faithful and successful minister of the Lutheran Church in Prussia. May God vouchsafe to him yet many years of activity in the good work of Jesus.

Deferred Articles.—Book Notices, Clinical, Obstetrical and other papers, are unavoidably deferred.

E. A. L.

Obstetrical Department.

ON THE MANAGEMENT OF THE PERINEUM DURING LABOR.

BY WM. GOODELL, M. D.,

*Clinical Lecturer on Diseases of Women and Children in the University of Pennsylvania.**

Although I believe that the vast majority of natural labors require no assistance whatever to insure a safe delivery, provided the woman has escaped frequent touching, yet cases do undoubtedly arise which demand intelligent assistance, nor can we always draw the line of demarcation between natural and morbid cases. And let me remark *in limine* that, by laceration of the perineum, I mean any solution of its continuity, be it small or great. For the loss of every fibre entails a corresponding loss of power in the floor of the pelvis, and a consequent impairment of support to the reproductive organs. Where assistance seems demanded to prevent any laceration, the method which I adopt avoids all pressure upon, and direct support to the perineum, and I can the more confidently recommend it, because I make it a rule to have the perineum decently exposed to view, whenever there arises any fear of laceration, and not the slightest fissure can escape my notice. The prudery of obstetric teachers has, I am sure, been the cause of many undiscovered, and consequently uncured lacerations. But why should a false delicacy interfere with the freedom of manipulation, at a time when a woman's future health and happiness lie at stake, especially since her organs are then no longer *sexual*, in the common acceptation of the word, but *parturient*?

Whenever, therefore, it seems proper to aid nature, insert one or two fingers of the left hand into the rectum, the woman lying on her left side, with her knees well drawn up and separated by a pillow, and hook up and pull forward the sphincter ani towards the pubes. The thumb of the same hand is then to be placed upon the fetal head, scrupulously avoiding all contact with the fourchette. The right hand need not remain idle, it assists the thumb in making the head hug the pubes, or in retarding its advance; after a pain it presses back the head from the perineum, and thus represses reflex uterine action; it restrains the move-

*American Journal Medical Sciences, Jan., 1871.

ments of the woman; it pushes up the corrugated scalp, so that no folds shall remain beneath the sharp edge of the perineum to increase the circumference of the child's head; finally it supports the emerging head and body, causing them to describe the curve of Carus.

I claim for this method the following advantages: (a) By pulling up the sphincter ani towards the pubes, not only is nature imitated, which always dilates the anal orifice, but the perineum is brought forward without direct pressure, and its dilatation is diffused over its entire surface, causing a corresponding relaxation of the strain on the posterior commissure in the line of its raphé. In addition, its muscular fibres are crowded up to, and consequently strengthen the line of greatest tension; just as a prudent general hurries up reinforcements to the point of attack. (b) The same force which dilates the sphincter ani compels the occiput to hug the pubes and favors extension, especially if the fingers in the rectum are hooked over the prominences of the foetal face or over the chin. (c) This aid is not liable to sudden interruption, for however restless the woman may be, the thumb and fingers, once well applied, follow her movements without relaxing their hold. (d) The thumb of the left hand, together with the fingers of the right, can, by direct pressure upon the presenting part, restrain its too rapid advance, without exciting reflex uterine contraction. (e) The circulation of the blood is left free; the nerves are not benumbed by pressure, and the perineum therefore continues in its normal condition, that of a living, elastic, and sentient tissue. (f) After the parts attain their maximum dilatation at the occipito-bregmatic circumference of the foetal head, it is, in my experience, as well as in that of Sacombe,* the rapid springing back of the fourchette over the projecting nose, or the subsequent rapid expulsion of the shoulders that often produces lacerations. These causes are, however, well controlled by my method, in the former instance by merely pulling forward the sphincter ani, in the latter, by adding the support of the right hand to the emerging shoulders. Indeed, so effectively do the fingers in the rectum raise the perineum, that the gliding backward of the posterior commissure during the last throes, can, at the will of the physician, be arrested at the bridge of the nose, to be slid off after the cessation of the pain. Finally, as the dilatation of the *ostium vaginae* is made at the expense of the labia, which are attached to the anterior aspect of the pubic rami and symphysis below the *mons veneris*, much advantage will be gained, both by compelling the complete extension of the head before its delivery, and by carrying forward the perineum in order to *approximate the fourchette to the level of the symphysis*, whence its fibres spring. By comparing a foetal skull with the female pelvis, it will be seen that its sub-occipital region cannot impinge upon the apex of the pubic arch, but must subtend

* Gardien's *Traité d'Accouch.*, Vol. ii. p. 505.

it as its chord; a vacant space will therefore remain in which the urethra lies secure from pressure. It is only after the head is out of the inferior strait, and completely extended, that its sub-occipital region comes into direct contact with the pubic symphysis, and that on its anterior aspect. If one leg of a compass be placed on the symphysis, and the other upon the bregma of the child's head, at different degrees of extension, it will be seen that the distance from the bregma to the pubes diminishes in proportion as the head is extended, and is least when the sub-occipital region actually touches the anterior aspect of the symphysis, as it does in complete extension. It follows, therefore, that if the head be well extended before its delivery, the greatest dilatation necessary for the *ostium vaginae* to undergo, will be measured by the occipito-bregmatic circumference *only*, whereas, if the head be delivered before extension is completed—as it is apt to be, unless the fourchette is approximated to the level of the pubes by the two fingers in the rectum—this dilatation must be increased by the addition of the circumference of the space which will exist between the pubic symphysis and the sub-occipital region.

Before adopting this method of managing the perineum, but not since, I have often found occasion to apply the forceps in order to extend and deliver the head, when the *ostium vaginae* was rigid, or the perineum too unyielding for the pains. I do not, however, wish to be understood that the use of the forceps is to be abandoned at this stage of labor; for the forceps will be urgently demanded whenever the vertex bears too much upon the perineal center, threatening perforation, and I can readily foresee occasions when a force may be required greater than that which can be prudently exerted by the two fingers in the rectum. A perineum is unyielding, or an *ostium vaginae* is rigid, either because, according to Cazeaux, the perineal muscles are in a state of spasmodic contraction; or because, according to Hewitt, the expulsive pains are disproportioned to the amount of resistance made by the perineal valve. In the latter the forceps may be demanded; in the former very rarely indeed.

During the pain the perineum is tense and inelastic, like the os uteri; in the interval it relaxes and becomes flaccid. Acting on this hint, in case of rigidity, I am in the habit of seizing the moment of greatest relaxation, that is, immediately after a pain, to enucleate the head by hooking the two fingers in the rectum over the chin, and, at the same time, by gently sliding back the perineum over the parietal bosses. In cases where the pains followed in too rapid a succession to admit of this manœuvre, or the woman was too uncontrollable, or the parts too rigid, I have successfully resorted to full anæsthesia.

There is yet another point which experience has taught me. When the perineum is thin and elastic; when the head advances with a pain and recedes at its subsidence, there is not much dan-

ger from laceration. On the contrary, when the perineum is thick, or rendered doughy by a deposit of fat; when it is not elastic, and the head does not recede at the subsidence of a pain, it shall hardly escape laceration if left to nature. In such cases as the latter, whenever the crown of the head begins to appear in sight, and does not recede after a pain, I try to imitate nature by pushing it back, so that the next pain may expend a portion of its force in recovering lost ground. This measure appears to me to be more in accordance with the teachings of nature than is the progressive traction of the forceps.

Delivery by the forceps, even in skilful hands, will often produce laceration; for the head is apt to be brought down too quickly upon the unprepared soft parts, and it becomes a very nice point indeed to determine the exact moment when delivery may be terminated with impunity. The most cautious physician is apt to be caught, as it were, "on the centre." He sees the perineum stretched out to a perilous thinness, and the fourchette almost cracking under the strain. In doubt whether the moment has arrived to raise the forceps-handles and turn out the head, or to depress them and thus restrain its advance, he wavers, and in a twinkling the fibers part. On the other hand, the impatient physician is tempted to turn out the head before the parts are sufficiently dilated. Finally, what is still more frequent, *hinc nihil lacrymæ*, at the last moment the physician's courage fails him, and he depresses the forceps handles just as the head has begun to emerge; a course equally fatal to the integrity of the perineum. Impressed by these difficulties, so soon as the perineum is well distended, I now take off the forceps, unless their withdrawal requires a force which might accelerate delivery, and either let the woman deliver herself, or else enucleate the head in the manner before described. This practice, if not the more brilliant, is in my hands the safer.

The question now arises whether it is ever justifiable to incise a rigid perineum. In cases of broad and distorting cicatrices resulting from burns, sloughs, abscesses, etc., it may be absolutely necessary to do so as the only alternative for lessening the bulk of the child's head. But in a perineum rigid *per se*, it seems to me that the necessity for such a course would hardly arise. In the first place, how often, without snapping a single fibre, does the head and breech squeeze through an *ostium vaginae* so rigidly contracted that no one could presuppose a delivery possible, unless attended with extensive rupture.

In the second place, granting the perineum does not escape injury, my own experience agrees with Killan's,* that such a laceration will heal as readily as an artificial incision, provided a few metallic sutures be at once introduced, and the catheter be used for a few days. The wire suture is decidedly preferable to the serres-fines, which are so much used in France for this purpose,

* Die Operat. Geburtshülfe, vol. i. p. 168.

but which approximate merely the cutaneous edges of the wound, leaving the deeper portions gaping. Very little pain is experienced in the introduction of these sutures, provided they are resorted to immediately after the delivery of the placenta; for at this early period after labor the perineum is comparatively insensible.

Before concluding I wish to add my protest to those of Mauriceau,* La Bas,† Denman,‡ Roederer,§ Gardien,|| and Gehler,¶ against the indiscriminate use of lard and of other unctuous substances, so universally found in the lying-in-chamber. For this error we are indebted to the ancients, who borrowed the idea from the trainers of their athletes. "*Uncta palæstra*," "*nitida palæstra*," writes Ovid, in allusion to the custom of anointing the bodies of those who were preparing for any contest of strength or of speed. Whilst Lucian, in his dialogue on athletic games between Solon and Anacharsis, makes the former say: "Since oil renders leather more supple, more tough, and less liable to crack, it would be absurd to suppose that it did not have the same effect upon living flesh." In labors dry from the outset, or that have become so through delay, or through frequent touching, there is advantage in the use of lard, or preferably of glycerine, which induces a serous discharge from the vaginal walls. In my experience, however, the inhalation of ether, and especially of chloroform, will act better by restoring the natural glairy secretions. The examining finger it is true, should always be anointed, so that it may not rob the vagina of its own proper lubricants. But why besmear the maternal passages with oil or lard, and thus dilute and decompose those bland and alkaline secretions which a provident nature has usually so plentifully supplied for aiding the strictly physiological processes of labor? The continental method of keeping the woman on her back has the advantage of allowing these glairy fluids to trickle over and lubricate the perineum. My own practice is to discard the use of lard, to let the vagina alone, and to content myself with keeping the cutaneous surface of the perineum well smeared with the surplus mucus which escapes from the vulva.

The researches of More,** Murphy, and others have established the fact that the perineum and vagina, as well as the os uteri, possesses, like other sphincter muscles, an inherent power of expansion, apart from the direct pressure of the presenting part of the child; for they often begin to dilate long before it impinges upon them. Is not this expansion in a measure due to the direct influence of the mucous secretions, and also of the

* *Traité des Maladies des Femmes Grosses*, lib. ii. cap. x.

† *L'Art d'Accoucheur*, 1780, p. 58.

‡ *Practice of midwifery*, vol. i. chap. ix. sec. 8.

§ *Elementa Artis Obstet.* p. 146. sec. 311.

|| *Traté des Accouchemens*, vol. ii. p. 262.

¶ *Schlegel's Sylloge*, vol. ii. p. 773.

** *Edinburgh Med. Journ.*, June, 1866, p. 1125.

liquor amnii? Does it not frequently happen in the outset of labor that a physician experiences difficulty in introducing his well-greased finger into the vagina, a difficulty which no amount of lard will overcome; but as soon as the secretions are established, or sometimes as soon as the liquor amnii begins to dribble away and moisten those parts, he can readily introduce his whole hand? Cannot the relaxation of a rigid os uteri be sometimes referred more intelligently to an active dilating property in the dribbling waters than to the *vis a tergo* of increased uterine contractions? Whether this be the correct interpretation of their action it is not easy to say; but since nature, from her own laboratory, furnishes the physician with drugs capable of dilating circular muscular fibres, it is not improbable that, to facilitate her own operations, she may provide secretions possessing a dilating as well as a lubricating power?

Preston Retreat, Philadelphia.

A CASE OF TRIPLETS.

BY T. G. COMSTOCK, M. D., M. A. O., ST. LOUIS, MO.

Mrs. G.—æ. 32, pregnant for the second time, consulted me professionally in May 1870. She was as she supposed in the seventh month of pregnancy, with her abdomen enormously large, indicating the existence of dropsy co-existent with the pregnancy. The distention of her abdomen was so abnormal that I feared the existence of dropsy of the amnion. The lower limbs were so swollen she could scarcely walk at all, and her condition was a sad one indeed. A careful examination satisfied me that she was pregnant with twins, and this opinion I expressed to her, adding that it was my belief, that she would hardly go on until the completion of her full term of gestation, which would be in July following. The dropsical accumulation seemed to be on the increase, and resisted such remedies as Arsenic, Apis., Apocynum, Helleborus, etc., so that I was obliged to resort to *palliative treatment*, and gave her accordingly several laxative doses of cream of tartar, which acted finely, producing copious watery stools; this relieved her very much, so that she passed a comfortable night, for the first time in three weeks. On the 12th of June, at 12 A. M., suddenly the waters broke, and she felt immediately a wonderful relief from her headache and all other bad feelings which had distressed her for weeks before. Labor-pains now set in, and she was delivered at 5 P. M., of a male child.

I ligatured the cord and then verified my previous diagnosis, finding a second child in the womb. She had no more pains until nearly 11 P. M., when they suddenly began to be pretty severe and the second bag of waters was felt distended so that I ruptured it, when a second child presented, it being a footling case. Her pains were now not like the regular pains of a natural labor, but of a trying and an agonizing kind; I succeeded however in delivering her of a second child, which was a female, at 11:35 P. M. I now examined and found still another child in the uterus, with a distinct bag of waters, and a breach presentation. The pains were now very good, and after the third pain I ruptured the membranes, and at 11:55 P. M., I delivered her of the third child, a male. I removed the placenta half an hour afterwards, it was unusually large, with three separate bags, developed from it, and three umbilical cords of unequal length. These three children weighed altogether, about 18 pounds. The mother made a good convalescence, but the children were delicate and suffered through the hot summer with diarrhœa, but they finally recovered, and received their nourishment for four months from the mother, when they were weaned and "brought up by hand." At this present time, they are all, together with the mother, perfectly well; I recently vaccinated the three at the same time, and with the same virus; the vaccination took well upon the two boys, but failed on the girl. The peculiar feature of this case, was the absence of all regular labor pains for nearly six hours, after the birth of the first child. Authors in describing plural births do not mention this fact. I was however determined to wait, and trust to nature, although the attendants in the lying-in-room were clamorous for me to do something.

I have heard since the above case, of an instance where a lady was confined with twins, and five days intervened between the birth of the first and second child.

If any of the readers of the *Observer* can give me any such instances where twins or triplets have not been born in rapid succession, I trust they will enlighten the profession upon the subject.

EXAMINATION IN OBSTETRICS,

For a silver medal, at the close of the session of the St. Louis College of Homœopathic Physicians and Surgeons.

BY T. G. COMSTOCK M. D., M. A. O., PROFESSOR.

PRIZE QUESTIONS.

Given a case of labor at the full term of gestation; the woman has already good pains with the peculiar "snow;" the distention of the abdomen is observed to be more than usual; from external examination, the accoucheur is led to believe that he has to deal with a *vicious presentation*; upon making a vaginal examination he finds the os uteri somewhat dilated, the membranes easily felt, and containing a large quantity of liquor amnii; upon further examination he distinctly feels both feet, and one hand presenting. It being the accoucheur's *first case* a consulting physician is called, who arrives after the lapse of an hour, when a second examination is made by both practitioners, *when the presentation is found to have changed*, and the head is detected as presenting.

1st.—What has changed the first position of the child?

2d.—What treatment is now advisable?

3d.—Why?

Second question.—*In accidental hemorrhage* in the first stage of labor, with a head presentation, the os uteri well dilated, and bag of waters distended, what means may be adopted by the accoucheur, for the arrest of the hæmorrhage?

Third question.—What are some of the causes of prolapsus of the naval cord? What are the dangers in such cases? What is the treatment?

[Each candidate was required to answer the questions categorically, in writing, they being assembled together in the presence of the Professor.]

The following answers given by Dr. J. J. Kane, won the prize:

Answer to first question:

1st. Spontaneous version has taken place, before the membranes were ruptured.

2nd. As the os is dilated, you should rupture the membranes during a pain, and then leave the rest to nature. The reason why the membranes should be ruptured in this case, is for fear of

the position again changing, on account of the undue quantity of liquor amnii.

Answer to second question:

Rupture the membranes, and deliver the foetus; if the hæmorrhage is very severe, and still continues, you may resort to the forceps.

Answer to third question:

A long cord which becoming coiled or engaged around the child's body from shocks, blows, frights of the mother, protracted labors, too much liquor amnii; placenta attached near the cervix or placenta prævia; dangers are death of the foetus.

Treatment.—Postural treatment, or if the cord is compressed so that you cannot return it, apply the forceps.

PREGNANCY WITHOUT MENSTRUATION.

BY JAMES YOUNG, M. D.

Dr. Young read to the Obstetrical Society of Edinburgh some statistics which he had collected, showing how frequently pregnancy had occurred where the woman had never menstruated more than once or twice during ten or twelve years, and where six or eight children had been born. Among other cases, the following two might be specially mentioned:—

CASE 1.—Mrs. M. was married on 10th of September, 1859; menstruated in October thereafter, but not again to this date (June, 1870), and she has had six healthy living children.

CASE 2.—Mrs. J. was married in January, 1856, and has only menstruated three times up to this date (June, 1870), and is now the mother of nine children, seven of whom are alive.

Dr. Young remarked that in both cases the patient had menstruated regularly previous to her marriage.

Mr. Pridie said he had attended a girl in her first confinement who was fifteen years of age, and had never menstruated; and he knew of a lady who had been married for twelve years, had seven children, and had only been seven or eight times unwell.

(Edinburgh Medical Journal.)

DIET OF PARTURIENT WOMEN.*

BY HUGH MILLER, M. D.

The author, after referring to the increased attention paid to the study of dietetics in disease, called attention to the very vague instructions given by obstetric writers on this subject.

*Abstract of a paper read at the Thirty-Eighth Annual Meeting of the British Medical Association, at Newcastle-upon-Tyne. (British Medical Journal.)

Particulars of a case were given, in which careful nourishing diet given during utero-gestation, enabled the patient in her last confinement to escape suffering from uterine inertia. From an examination into the physiology of the changes in the uterus and breast, Dr. Miller believed that the fat-cells, existing in abundance in the milk during the first few weeks, were due to the changes in the womb after parturition; that the disintegrating uterus was broken up into fat-cells, which were absorbed by the blood, and through the circulation were secreted by the mammary glands. Hence a heat-forming diet was neither necessary nor was indicated, and at times might be positively injurious; whereas a flesh-forming diet, by maintaining the strength, enabled the woman to make up for the waste of tissue during labor, gave her support, and maintained the vigor of her body while the further changes were going on. The author had found great benefit through selecting the parturient woman's diet from as nearly as possible the kind of food which she was in the daily habit of taking, giving it in a liquid form and in diminished quantity. The advantages in adopting a nourishing diet to the mother he believed to be—1. Maintaining her muscular strength; 2. Avoiding irritation to the mammary glands, and enabling her to suckle sooner; 3. Securing a quicker and better recovery.

ON THE APPLICATION OF THE LONG FORCEPS.

BY ROBERT BARNES, M. D., F. R. C. P.

In the application of the long forceps Dr. Barnes gives the following rule:—

“The position of the head may be practically disregarded. The pelvic curve of the blades indicates that these must be adapted to the curve of the sacrum in order to reach the brim. They must, therefore, be passed as nearly as may be in the transverse diameter of the pelvis. One blade will be in each ilium, and the head whatever its position in relation to the pelvic diameter, will be grasped between them. The universal force of this rule much simplifies and facilitates the use of the instrument. Not only does it apply to the position of the head in relation to the pelvic diameters, but also to all stages of progress of the head, from that where it lies above the brim, down to its arrest at the outlet.”

ON AIR IN THE VAGINA.

BY DR. RASCH.

At a meeting of the Obstetrical Society, of London, held 6th July, Dr. Rasch read a paper “On Air in the Vagina,” and arrived at the following conclusions: 1. No air enters the vagina of a

*Lectures on Obstetric Operations; London, 1870. Pp. 526.

female placed on her back. 2. In the prone position the abdominal walls and the contents of the abdomen fall outwards, and cause a diminished pressure in that cavity. If the vaginal orifice be open, air will enter, and so compress the expanded intestinal gases to their previous volume. 3. The force with which it enters, and consequently the quantity which distends the vagina, varies with the resistance offered by the abdominal walls to the gravitation and the degree of mobility of the viscera. 4. In replacing the female on her back, the abdominal walls and contents fall inwards, and expel the air again from the vagina. 5. Air will not enter the uterus unless distended by foetus, hand, instruments. 6. In the position on the back we have an efficient means of keeping the air out of the vagina and uterus, and so preventing the deleterious consequences ascribed to its action on the vaginal and uterine contents. 7. In abscesses communicating with the upper part of the vagina this will be of equal importance.

Dr. Hicks could not entirely assent to the first proposition. If the uterus be prolapsed, and the patient laid down, the uterus receded a certain distance upwards; if so, then, the vulva being open, air could enter.

Dr. Routh said the causes specified by the author were in action in all women; why, then, was the disease so rare? A reversed vermicular action of certain mucous membranes was admitted. Why should it not occur in the vagina? The kinometer showed vaginal inspiration and expulsion of fluid or gas in every woman. He had found this rare disease mostly in woman of sedentary habits, not in those who presented the conditions most favorable to suction of air upwards into the vagina, such as cooks and charwomen used to the stooping posture in scrubbing floors.

Dr. Gervis says that Dr. Routh had overlooked the condition laid down as essential—viz., that in addition to the force of gravitation acting upon the abdominal viscera in the semi-prone position, the vaginal inlet must be open, and in stooping this condition was not necessarily fulfilled. He advocated the position on the back in post-partum hemorrhage.

Dr. Heywood Smith referred to the rarity of the condition described by Dr. Rasch. Its presence is more frequent in cases where the upper part of the vagina has been rendered abnormal by any cicatrices, by any version of the uterus, or shortening of the cervix uteri.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, NEW YORK, EDITOR

CLINICAL RECORD OF HAHNEMANN HOSPITAL OF NEW YORK.

Case of Herpes Zoster, or Shingles.—September 26.—Rose B., at 15, makes the following statement. Six days ago, a few blisters made their appearance on the skin, over the ramus of the lower maxillary bone. The breaking out of the blisters was unaccompanied by pain or itching.

On examination I found a vesicular eruption covering the lower half of the right side of the face, extending downward over the entire neck of the same side, and backward to near the median line posteriorly. The vesicular eruption was more marked on the back of the neck, and extended in quite deeply among the hair. The first or formative stage of the eruption is painless; but as soon as the eruption has established itself, intense, burning pain sets in. The vesicles are in groups or clusters, upon a somewhat inflamed base, and with intervals of normal skin between the groups or clusters. Those of the vesicles which had appeared first were in an advanced stage of their course, and some were already crusted. She could give no cause for the disease. Inquiries, made by Dr. Seeger, into the state of her monthly function elicited the following: The catamenia first made their appearance about a year ago, and continued regularly until some three months ago, when they suddenly ceased. The reason in her opinion, is having indulged in sea bathing too early in the season. She was then stopping at a place on Long Island. While she had the monthly function it was irregular, being sometimes excessive in quantity, and at other times again regular. The sleep for the last few nights has been very much broken from the aggravation of the burning pain after retiring.

R. Rhus toxic. ¹, gtt x, in a glass two-thirds full of water a table spoonful every 3 hours.

September 27th.—The appearance of the eruption is much better; quite a number of the vesicles have matured and opened, with a healthy dry crust covering them. The burning pain has ceased almost entirely. Slept well during the night. Appetite better. Tongue less coated.—Prescription continued.

September 28th.—The vesicles are *all* crusted. The crusts are rapidly drying off. The burning pain and in fact all pain has ceased.—Same prescription.

September 29.—The crusts are all presenting evidences of “an early fall.” No pain.—*Saccharum lactis*.

September 30.—Discharged her. Crusts have, with here and there an exception, fallen off. *Saccharum lactis* was given.

Physician's Report.—At the time this case first came into my hands, I called the attention of a friend, a medical student, to it. On announcing Rhus as the remedy to be given, he called my attention to the following passage in Bæhr's valuable work, Bæhr says: “So far as Rhus is concerned, we know positively that the remedy is usually given without any benefit, although its symptomatic similiarity would seem to indicate it.” My experience leads me to doubt the wisdom of this assertion. Without discussing the duration of the disease, the immediate alleviation of the pain, and the rapid progress of the case as soon as the Rhus was exhibited, the experience of this case calls Bæhr's opinion into question. I had a case, not long since, in the family of a well known musical composer (private practice), in which Rhus produced an immediate alleviation of the burning pain, and although the eruption covered a somewhat larger surface and appeared more heavily, the case was discharged on the fourth day of the treatment, and the fifth of the appearance of the eruption.

Oblique Inguinal Hernia.—Isaac H., æt. 11 years, had an hernia of six months standing. Nothing had been done for the boy, as no physician had been consulted, with the exception of one at the time of the occurrence, who desired a fee of ten dollars before doing anything. Manipulations reduced it immediately. A simple truss was then applied, and in a few days he was discharged.

Extensive Burn.—Maria V. æt. 2½ years. On Christmas eve, December 24th, 1869, the father of this child, after returning from his day's work, and after having taking his evening meal,

announced his attention of going out to make some purchases for the celebration of the holiday. During his absence, his wife was sitting at the table with her youngest child, a baby, on her lap. The lamp which was filled with kerosene oil stood near, and, through the motions of the baby's arm, was upset. An explosion took place, the mother was so severely burned that she died before the next morning, and the baby, a few hours after the mother. The above child was also burned at the same time.

January 1st, 1870, it was first brought to the hospital and taken into treatment. The treatment, to the time of admission, had consisted entirely of the application of linseed oil. The burn extended from over the temporal bone of the right side to a point a little behind the left ear, and from a line somewhat above the level of the hair of the forehead downwards to a line level with the root of the nose. The left arm was burned from a point within an inch of the shoulder. The entire arm from this point down to the tip of the fingers was one raw, suppurating surface. Several slight burns on other parts were present, but they were comparatively insignificant, and healed rapidly under the influence of the treatment. The burned surfaces were completely denuded of all vestiges of healthy skin, being burned down to the muscular layers. On first examination of Dr. Seeger these parts presented a sickening suppurating surface, discharging a thin, unhealthy, sanious matter. Here and there, patches of dead skin were adhering to the burned surface. The smell emitted was almost unbearable, being most comparable to that of a dissecting room. The previous night seems to have been a very restless one with the child. No appetite, no thirst. Had a passage from the bowels, yesterday. Compresses soaked in the white of an egg were laid over the eyes, and the burned surface on the head was dressed with equal parts of carbolic acid (1st decimal) and *Oleum lini*. On the arm, instead of the linseed oil, *Calendula oil* was used. In the ball of the hand and between the fingers, pledgets of lint soaked in the same (*Calendula oil* and *Carbolic acid*) were placed, the whole of these dressings being held in place by appropriate bandages. The arm was also lightly placed upon a splint of rubber. Internally, *Hepar sulphuris* 3, gr j, twice per diem, viz: morning and evening, and *Arsenicum* 6, noon, were ordered. Before applying these dressings, the patches of dead and mortified skin were removed, and the entire surface carefully cleaned. The reason for using the linseed oil on one, and

the calendula oil on the other of the burned surfaces, was to test the virtue of the two. Dr. Seeger had used the calendula oil previously in a number of cases of small burns with much satisfaction. So far as the dressing of this case was concerned, it was a labor of no small magnitude. Between the child's struggles and crying, and the horrible stench emitted, the work was not to be envied.

The diet was ordered to be largely of milk.

January 2d.—The appearance of the burned surface is much improved. It looks cleaner and suppurates less. Bleeds easily. No appetite and but little thirst. To the time of recording in the afternoon, the child had two passages of a better appearance. Skin more open and warmer. Same dressings applied, same medicines ordered.

January 3d.—Same dressings; condition the same. Same remedies.

January 4th.—Slept quietly. Bowels regular and passage of a normal appearance. Same dressing. The Hepar sulphuris was discontinued, and Arsenicum 6 every 2 hours was given. The smell is not quite so offensive.

January 5th.—Improvement is continuing very satisfactorily. On the arm, the pus has become of a more healthy character, and the raw surface bleeds not so freely as the face. On the forehead the appearance is not quite so good. The burned part bleeds very readily. Same dressing.

R 1 dose Hepar sulphuris 3 gr. j, and Arsenicum, 6 every 3 hours.

January 6th.—Improving. The forehead, to-day, does not bleed so readily, although the pus has not changed to my observation. The arm is doing very finely. No change in treatment or local applications. The offensive odor has almost disappeared. I would say here that after the roller to keep the local applications had been applied, several additional compresses, slightly saturated with the 1st decimal dilution of carbolic acid were added.

January 7th.—Same condition, no change of treatment.

January 8th.—Slept well. Appetite good. The burned parts look healthy. The pus is of a healthy character, secreted in moderate quantity. At several places, new skin has formed. The same dressing was applied, and all medication discontinued, this being considered superfluous, as the general granulat-

ing process seemed satisfactory, and the patient's appetite and habit generally were good.

January 9th, 10th, 11th.—Same dressing, no medication. The case generally progresses favorably. The diet was made as nutritious and digestible as possible; milk, however, constituted the chief part of the food.

January 12th 13th to 20th.—Same.

January 21st.—Same dressings. No change. Case doing very finely, although the arm seems to be doing much better than the forehead. The wound gradually becomes smaller from periphery, as the new skin forms. The eyes and cheeks have healed over most beautifully, the new skin of the parts being constantly kept moistened with calendula oil.

January 22d to 27th.—Dressed only every alternate day. The granulations now (the 27th) suddenly assumed an unhealthy appearance. They grew rapidly, were spongy, bled easily and rose rapidly above the level of the surrounding parts. The child became somewhat restless. The granulations on the arm were however not quite so unhealthy in look as those on the forehead. From this time the treatment locally consisted in the application of burned alum (*alumen ustum*) in combination with the linseed oil for the head and with the calendula oil for the arm.

February 12.—The granulations have not advanced more than the condition on the 27th ult. As oils of all kinds have a tendency to nourish excessive granulations, it was determined to discard them, and substituted equal parts of *saccharum lactis* triturated with *alumen ustum*; the entire burned surface was well covered with this, and then English lint held in place by roller bandages applied. This was applied fresh every day until March 15, when, dissatisfied with the slow and vacillating granulating process, and the irritable and spongy condition of the granulations, a dressing of *unguentum hydrargyri præcipitat rubri* (3 ss to ʒ j) spread upon English lint, was applied.

March 18th.—The granulations become lower. Still bleed easily. The surface of the wound is contracting. Same dressing. Passive movement of the elbow and wrist.

March 20.—The healing and contraction of the wounded surface progresses visibly. Same dressings.

March 22d.—Progressing satisfactorily. Same dressing. The case was dressed in this manner until April 1st, when *Unquentum*

zinci oxydati (3 j to $\frac{3}{2}$ j) was substituted. The healing process was advancing so satisfactorily that the hydrargyrum dressing was considered useless for further benefit.

From the 7th of April to the 20th.—Unguentum rorismarini compositum $\frac{3}{4}$ j was applied. The case progressed satisfactorily, and the wounds were rapidly closing when, on April 30th the father of the child took it from under our charge. At the time of his doing so, the case was approaching a rapid cure.

Hæmoptysis.—Hemorrhage from the lungs. Mr. K., æt 30. Hod carrier. Suddenly affected by hemorrhage the day before (August 31st.) Was examined for the first time on the 1st of September. He had raised fully a quart of blood to that time (6½ A. M.) The blood is dark red, frothy, and raised without much cough or effort. At times, the sudden gushes of blood “half strangle” him. Suffers little pain further than the occasional respiratory difficulty. An auscultation reveals mucous rales. Percussion was not made. The pulse was small and 105 beats in the minute. The patient seemed to take the matter in an unusually cool way, himself discussing the probable result quite unconcernedly. R Arnica $\frac{1}{16}$ gtt xv. in a glass two thirds full of water, a tablespoonful every hour.

September 2d.—During the preceding day he raised more or less dark and some coagulated blood, and towards evening he had quite a sudden gush. His cough has become somewhat severer, and the efforts to raise the remains of the hemorrhage cause him considerable difficulty. From this time to the date of his discharge, (September 5th), nothing but Arnica was given. With careful attention to diet, and avoidance of undue efforts in any way, he raised but here and there a few lumps of coagulated remains.

Dr. Seeger has used the Arnica in a number of cases of hemorrhage from the lungs, both in Dispensary and private practice and always with great satisfaction.

Intermittent Fever.—Auguste E., æt. 16 years. Has had the intermittent fever for nine weeks. Lives in Seventy-first street near Eight avenue, in a shanty. This fever first developed itself August 5th. At that time there was a large pond of stagnant water in the neighborhood of his residence; this dried, and with its disappearance, the fever and ague became prevalent in the neighborhood.

16—May.

October 12, (date of application.) During the week past he had had the fever every other day. Sometimes the fever comes on early in the day; in this case, it lasts all day; at other times it comes on at noon, and lasts until 9 p. m., or thereabout, when he falls asleep. The chill and shake last about half an hour; perhaps a little longer; the fever follows. After the fever he has a headache; none however during the fever. During the fever he has considerable thirst, but drinks only as much as will suffice to wet the mouth, lips pale, bowels regular, appetite good, and sleeps well.

R Arsenicum' gtt x to a glass two-thirds full of water.

October 13th. Sleeps well during the night. Feels as though he were about to have a paroxysm. Arsenicum continued. It was also directed that as soon as he feels certain that he will have an attack of fever, he must go to his bed, and a cup of black but strong hot coffee be given. He is then to be carefully covered and during the duration of the fever, Aconite' gtt xx in a glass two-thirds full of water, a tablespoonful every hour is prescribed. At 11 A. M., the pulse was 105. At 2 P. M., it was 114. Sweat scanty. At 6 o'clock, he felt uneasy; nausea; retired to bed and shortly after threw up a gray watery matter, after which he fell asleep.

October 14th. No fever, feels very well.

October 15th. In the morning, feels the prodroms of the fever. At 8½, before the chill he was given a strong cup of coffee. The appetite at breakfast was good. By noon the paroxysm had spent its force and he got up and took quite a meal. The remainder of the day he felt but a general weakness and fatigue. While the fever lasted, he perspired abundantly.

From this date to the time of his discharge, which was on the 26th he had no further return of the fever. He has called since the date of the 26th but remains well. I would state that during the fever stage of the attacks, aconite was given. During all of the other time, and to the date of discharge Arsenicum was administered.

Remarks by Dr. Seeger.—This is one of a number of cases of intermittent fever which I have treated in this way, that is: giving the patient cups of strong black hot coffee, as soon as the prodromæ manifest themselves. I cite this case, as it has been one which has been under constant observation, while the cases

in my private practice were of course not under my constant and personal supervision. I have now for over a year and a half, been in the habit of directing the patient to take coffee in the way spoken of; that is, as soon as he feels that he is about to have an attack. As regards the remedies, they are selected according to the indications of the case. Many of the cases treated by me in 1869 seemed to call for *Pulsatilla*, and this was therefore given. I have tried the coffee without giving the remedies, and the result was not so satisfactory as when given as in the case above.

The intractability and obstinacy of intermittent under the usual mode of treatment I need not to refer to, as all know this already. My success, whenever the patients attended to my orders, has always been satisfactory. How useful the coffee might be among the more severe intermittents of the western malarial districts I do not know, as I have had no means of trying it, yet cases of intermittent, the disease having been contracted in the west, have been under my treatment, and by adopting and applying this procedure I have been successful in mastering the disease.

There is now in the male ward of the hospital a man who has had the fever for seven weeks, the paroxysms coming on daily. He was attended by a homœopathic physician who prescribed *Rhus*. *Lycopodium*, and other remedies, all in the higher potencies. Under this "vigorous" treatment the man daily became weaker, until he was so to speak, skin and bone, and hardly able to walk. He was admitted on the 21st of October. The first two days the attacks were as violent as usual, but from this time on they gradually lost in violence, and by the 30th the attack ceased. This case will be reported more at length after his discharge.

Necrosis.—Case of Owen Flynn, æt, 12 years. Treatment by Dr. Seeger.

This boy was taken into treatment during the latter part of February 24th of the present year (1870), as a patient of the North Eastern Homœopathic Dispensary. The history of the case previous to that date was briefly as follows:

By a fall he had injured his right leg, just above the knee joint. An abscess formed which was opened by an old school physician.

The first examination showed a sinus extending down the bone. Probing at once revealed the existence of the necrosed bone. A thin offensive and unhealthy pus was discharging itself.

The edge of the sinus was hardened, callous, characteristic of the disease. In addition there was a second sinus at a distance of about an inch and a half above the one just named. This first opening was about two inches above the knee joint. These openings were on the inner side of the lower third of the upper leg. On the opposite and therefore on the outer side of the leg was a counter opening. The integument around the openings was much inflamed and tender. Around this again the leg felt more or less indurated. The affected leg was very much atrophied. The boy's general health was most deplorable. Restless, painful nights, poor appetite, added to the home surroundings made the boy's condition very discouraging. He resided in the basement of an old rookery, the family mansion of some old New Yorker of gone-by times. The ventilation *nil*; light hardly sufficient to deserve mention; dampness and filth. *Silicea*^a here and there discontinued for *Hepar Sulphuris*^a, conjoined to a more intelligent diet, daily syringing of sinuses, constant cleanliness and advice as to the management of what facilities for ventilation there were, soon effected a change. The boy's condition improved steadily; he soon became able to walk about by the use of a crutch, and by the time the warm summer set in, he was in a condition to be operated upon. Dr. Seeger, not deeming this safe until the greatest heat was over, kept him upon the course of treatment which had been pursued. On the 27th of August he was placed under the influence of chloroform, and operated upon by Dr. Seeger. Over five inches of dead bone were removed in three large fragments and a few smaller ones. (The specimens are now in the museum of the Institution.) He was then entered as a hospital patient. Dr. Seeger's mode of operating in this case consisted in dilating the lower inner sinus by means of a sponge tent, until it had become about three quarter of an inch in diameter. A small incision by means of a director and probe pointed bistoury was made to slightly enlarge this. A common strong forceps was now passed in, and grasping the necrosed bone, a forcible and a rapid rotation of the wrist of the operator, at the same time pulling in a direction away from the femoral artery, broke the dead bone which was now removed. The opening and wound were cleansed daily, and pledgets of lint spread with *Unguentum Calendulæ* introduced. The openings proceeded favorably in their contraction, until suddenly the external openings commenced granulating very

rapidly and unhealthily. Unguentum Hydrargyri praecipitati rubri 3 ss to $\frac{3}{4}$ j was substituted for the Calendula cerate. The granulating process gradually became more healthy, and the opening resumed a more satisfactory appearance. On the 24th of October, simple water dressings were substituted. Although not yet discharged as cured, his case is progressing so favorably that his discharge is an event of no distant date.

In conclusion I would state that he has been now for about six weeks without having internal medication as this was considered superfluous.

REMARKS BY THE EDITOR.

We have found the application of astringents to exuberant granulations a painful, tedious and unsatisfactory procedure. Much better results have been uniformly obtained by a dressing composed of Olive oil, three parts, to one part of Kerosene. Petroleum is homœopathic to these conditions.

We have also succeeded in fresh burns best by application of what is known as Pond's Extract of Hamamelis, reduced one half with water. Should the pus become offensive we are in the habit of adding a proper amount of Carbolic Acid. W. S. S.

SANGUINARIA AND KALI BICHROMICUM IN PSEUDO-MEMBRANOUS CROUP.

BY E. C. PRICE, M. D., BALTIMORE, MD.

In 1859 I received from Dr. Smith, of Norristown, Pa., Prof. Paine's R₂ for preparing the Acetous syrup of Sanguinaria for pseudo-membranous croup, with the assurance that Prof. Paine said, that formerly he used to lose every case of pseudo-membranous croup which he attempted to treat; that finally, when called to a case of the kind he used to request them to send for another physician; frankly telling the parents that he could not cure it. But that since using the Sanguinaria, he *cured* every case.

All the cases of croup that I saw about that time were of the ordinary catarrhal variety, yielding readily to the ordinary remedies, so that I did not have occasion to try the remedy in pseudo-membranous croup, but I soon did have occasion to try it in diphtheritic croup. One case of a desperate character recovered under the use of Sanguinaria and Bromine. I gave the Acetous syrup of Sanguinaria for three or four days, when the improvement appeared to cease. I then gave Bromine with good effect for a few days, and when that lost its effect, I returned to the Sanguinaria with good results. I tried it in a few cases of diphtheria of

the tonsils and fauces, but soon found that it was such a *horrible* dose for a child to take, that I abandoned its use, until after seeing Dr. Thomas Nichol's report in the second edition of Hale's New Remedies.

Still having the fear of the dose before my eyes, I concluded to modify his modification. After repeated trials, I have now settled down to the following dose, which I find to be very pleasant to the taste, and exceedingly effectual: Sanguinaria 8 ten drops, water twenty teaspoonfuls, good cider vinegar one teaspoonful, white sugar two or three teaspoonfuls; give a teaspoonful every half hour till better. When there is a decided improvement, every one or two hours. I have cured a number of cases with it, and have recommended it to my medical friends who also have been successful. I have only failed in one case of pseudo membranous croup with it, and that illustrates the necessity of attending to all the symptoms. A father came in the night for medicine saying his child had the croup but no fever. Supposing it to be a case of spasmodic croup, I sent Teste's remedies, Corallia and Opium. He brought a bottle along to be filled with Spongia, saying that they had given her all they had. I told him if the breathing became sawing to omit the other remedies and give Spongia. They did so. Saw her next morning and was told that during the night the voice sank to a whisper. It was now a little better but still very hoarse; the cough, a muffled bark. Gave Sanguinaria as above. Was called up that night to see her. She had some fever and delirium. Gave Gelseminum and Sanguinaria, in alternation. The next afternoon, rather worse. I had noticed in the beginning several ulcers on the inside of the lips such as I have cured with Chlorate of potash 1st. dec. trit. (which I find better than either Merc. or Mur. acid,) and thought as soon as she got well of the croup I could give her Chlorate of potash for them. I now asked myself what croup remedy has those ulcers? The answer was Kalibichromicum. I had with me only a few of the crystals. Of these I put about the fourth of a grain into half a glass of water, and gave a teaspoonful every half hour. It produced vomiting twice. The next morning, however, she was decidedly better. I now diluted the medicine. The day following, the croup had disappeared and the ulcers nearly so. Diluted the medicine still further. The patient was about ten years old. If I had attended to all the symptoms at first I might have saved the parents much anxiety and myself some trouble.

Since writing the above I have treated four cases of croup; two of them sisters of the child just mentioned: one twelve years old, the other eighteen months. The other two patients were boys. All had a tendency to assume the pseudo-membranous form, and (what was singular) Sanguinaria did them no good. Both Hering and Grauvogl speak of a certain remedy being suitable only for certain epidemics. For instance; last year a certain remedy suited the epidemic influence, this year some other

remedy is required. Kali bichrom appears to suit the present *genus epidemicus*. All four cases recovered under the use Kali bichrom. with the aid, in two cases, of Caust. to relieve the remaining hoarseness. To some of them I gave the crude article, and afterward 3 to 4 grs. of the 1st. dec. trit. One of these cases had an ulcer on the upper lip originating in a crack or chap.

ARGENTUM NITRICUM LOCALLY.

Miss W., æt. 43, a medium sized and compact built woman of vital temperament. (*Wells*,) has been out of health for the past nine years, most prominent symptoms are and have been pain from vertex to os sacrum, most severe at vertex and occiput, and between scapula; tenderness upon pressure along left side of dorsal vertebræ: some pain and tenderness in left ovarian region, increased at the menstrual epoch; left arm and leg numb and weak. Periodic attacks of what she terms "the shakes."

Present condition includes the above and in addition she is anæmic, and her appetite is poor. The "shakes" now appear at every effort to work, or on the recurrence of any mental excitement.

The symptoms are all aggravated at the menstrual epoch. The bowels are regular, but the passages are attended with pain.

Upon inquiring about the uterine organs, I learned that neither herself nor her former medical advisers had ever suspected uterine disease. I made up my mind at once that uterine inflammation was at the bottom of the difficulty, and solicited an examination, stating that unless I knew something of the condition of those organs, I could do nothing for her. It was three weeks before she would consent to an examination.

When finally I called to make the examination, I had an ocular demonstration of those "shakes," the mental excitement in view of the examination developing them with great intensity, commencing at the head with a to and fro motion, increasing in rapidity and involving the whole body with a convulsive jerking kind of shake, they continued perhaps half a minute and terminated suddenly in one tremendous jerk, leaving her exhausted and sore as if bruised. Some two or three attacks like the above ended the paroxysm for that time.

I was able to introduce a small sized glass speculum which revealed inflammation and ulceration of the cervical canal for one inch in depth; hypertrophy of the cervix; the organ prolapsed and retroverted; the cervix resting on the left side against the rectum; and very tender to the touch, (which accounted for the pain at stools). The almost perpendicular position of the cervix rendered it impossible to bring it into the instrument, without the aid of the sound.

On the 10th Jan last, I made the first local application of

Nitrate of silver to the diseased canal of the cervix—(The Nitrate is applied effectually, by being fused on the bulb of a long silver probe)—and commenced the use of injections twice per day of Belladonna, Calendula, Hydrastis, singly and in alternation, ten to twenty drops of the tinct. to the gill of water. Internally I gave of tinct. Caulophyllum, one drop in water every two hours for one week, then tinct. Cimicifuga, five drops every five hours for one week, and so on alternately.

To control the nervous excitement and "Shakes" I gave *Canabais Indica* in material doses, which succeeded admirably.

The local applications of Argent nit. I made once per week, except when the catamenia were present,—I will here add that the menses have always been regular, but, of late years, scanty and of short duration. Present condition, greatly improved. No shakes for two months, cervical inflammation nearly subdued, size of cervix diminished, and in nearly a natural position. Can go about quite well and perform considerable labor; eats and sleeps well, feels quite herself again, and has a fair prospect of ultimate recovery.

M. D.

REMARKS BY THE EDITOR.

The question of the propriety of the application of Argent, nit., Chromic acid and other chemical agents to the ulcerated os uteri is one which is yet in abeyance among physicians of our school. There can be no doubt that these measures are roughly, at times partially, and mayhap sometimes wholly homœopathic and curative. That they are sometimes not homœopathic, and not only not curative, but positively injurious experience has led us to believe. Our own practice is first to attempt a cure by rigorous dietetic and hygienic measures allied to a purely homœopathic prescription. Should this fail, as it not seldom does, we superadd a cautious use of caustics, not however *as* caustics but (as old time phrase has it) as alteratives. That is we use the remedy so diluted as only to stimulate a change in nutrition. The exact and proper strength of such remedies can only be determined by experience in their use, but we find it far better to begin with too mild than too strong solutions.

The best gynecologists of the old school now decry the use of strong caustic applications, and discard them altogether as applied to the interior of the uterus.

We would be obliged by the report of cases treated without and with caustics. The treatment of no form of disease is more unsettled, and we think no clinical records would be of equal value to the profession at large.

W. S. S.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

LILIUM TIGRINUM.

(*Tiger Spotted Lily.*)

BY WM. E. PAYNE, M. D.*

Botanical Characteristics. — The *Lilium Tigrinum* is a well-known, showy, orange-colored, coarse-flowered, garden plant, very abundant in cultivation, and is a native of China and Japan. It belongs to the *natural order*, LILIACEÆ. The *stem* is from 4 to 6 feet high, (varying in the rankness of growth in accordance with the quality of the soil in which it is planted), unbranched and woolly. *Leaves*, scattered, sessile, three-veined, the upper cordate-ovate; the axils bulbiferous. *Flowers*, large, in a pyramid at the summit of the stem, dark orange-colored, with black or very deep crimson, somewhat raised spots, which give the flower the spotted appearance of the skin of the tiger, and from which circumstance it has derived its name; perianth revolute and papillose within. It is hardy enough to thrive in open ground in the vigorous climate of the north, and is propagated by the bulbs produced in the axils of the leaves, as well as by those that surround the mother bulb. It blooms freely in July and August. The bulbs are said to be used by the Japanese as an article of food. It was first brought from China, and introduced into the royal botanical gardens at Kew in 1804. A very good representation of the *Lilium Tigrinum* may be found in the Botanical Magazine, plate 1237, taken, it is said, from the plant in the Kew gardens. Owing to a general external resemblance, there is a liability, with those unacquainted with botany, of confounding this plant with the *Lilium Philadelphicus*.

*Report of the Central Bureau of Materia Medica to American Institute of Homœopathy, 1870.

But the botanical distinctions are very marked, and easily recognized by those who have but a limited knowledge of botany.

The *Tiger Lily*, so far as known, has been regarded and cultivated only as a garden ornament. But it has been long known to botanists as belonging to a tribe of plants which has furnished several therapeutic agents of great value, of which the *Aloe*; *Allium Sativum*, (garlic); *Allium Cepa*, (onion); *Scilla Maritima*, (squill); *Asparagus*; *Dracæna Draco*, (dragon's blood); and *Convallaria polygonatum* (Solomon's seal); are conspicuous examples. The *Lilium Candidum*, (white lily), which belongs to the same family, is also traditionally credited with important uterine medicinal properties.

In view, then, of this botanical relationship the inference was entirely legitimate that the *Lilium Tigrinum* possessed valuable medicinal properties. The reported death of a child in convulsions by eating the pollen of the flower, suggested the idea of proving the drug, and the hope of finding in it additional means of combatting the sometimes formidable convulsions arising from acute and chronic meningeal irritation, prompted the execution of the work. Though the hope is not realized in the proving, yet the promise in a class of diseases, which from their multiplicity have become the bane of female happiness, is sufficiently strong to inspire confident expectations that this drug will henceforth hold an important place in the *Homœopathic Materia Medica*.

The provings, fifteen in all, were made with the tinctures or attenuations prepared therefrom of either the whole plant with the flowers combined, or the pollen alone, gathered in the months of August and September, when the plant was in full maturity. No difference was observed in the disease-begetting power of the plant and the pollen. Both seemed equally potent in developing symptoms.

Several of the provings were made under the supervision of our able colleague, Prof. Carroll Dunham, of New York city, the most important of which is indicated by the letter W; one, a very valuable proving, indicated by the letter F, under the direction of Dr. Wm. Gallupe, of Bangor, Maine, who is a careful observer; and one, indicated by the letter Y, under the eye of Dr. J. W. Savage, of Wiscasset, Maine, to each of whom, on behalf of the profession, as well as in acknowledgement of personal favors, I return sincere thanks.

In the arrangement, the object has been to preserve, as far as practicable, groups of symptoms as they successively appeared in the proving. In carrying out this plan the same group, or a portion of it, has been repeated under different headings. This is more particularly the case under MORAL SYMPTOMS and REPRODUCTIVE ORGANS.

Here it seemed important to preserve the unity, as the relationship between the uterine functions and the mental and moral conditions is so intimate, that the former cannot be long disturbed without implicating the latter. Should the *Tiger Lily*, after sufficient trial at the bedside, be found worthy of a place in a future edition of the *Materia Medica*, a revision of the arrangement with reference to brevity can be made.

The original day-book of the provings, is published in the Transactions of the American Institute of Homœopathy for 1871.

The following is a list of the

PROVERS.

Mr. F. G. Barker — <i>Bk.</i>	Mrs. Dr. N. W. — <i>W.</i>
Mr. G. ———, a dentist — <i>D.</i>	Mrs. Dr. S. A. F. — <i>S. A. F.</i>
Dr. S. P. Graves — <i>G.</i>	Mrs. Dr. C. L. B. — <i>L. B.</i>
Dr. J. W. Savage — <i>S.</i>	Mrs. Dr. L. B. C. — <i>C.</i>
Dr. Samuel Lilienthal — <i>L.</i>	Mrs. B., student of med. — <i>B.</i>
Miss Y., a teacher — <i>Y.</i>	Mrs. J. F., student of med. — <i>J. F.</i>
Miss F. — <i>F.</i>	Mrs. P. — <i>P.</i>
Mrs. ———, a teacher, — <i>T.</i>	

MIND AND DISPOSITION.

Female.—Great depression of spirits, with fearfulness and apprehension of an impending fatal internal disease; or that it was already preying upon her; constant inclination to weep (very marked); blurred vision, all objects appearing very indistinct. (*Y.*)

Great anxiety of mind; constantly troubled; vexed feelings towards every body; don't want to speak or be spoken to. (*F.*)

Irritable and impatient. (*F.*)

Despondent and gloomy:—with loss of memory and great difficulty in expressing her thoughts, often selecting wrong words, but in making the correction would as often take other words quite as inappropriate; great fear and dread of insanity. (*F.*)

More active; things go easily [1st day.] (*W.*)

Don't want to be pleased and don't want to talk, but want to sleep, and during sleep very unpleasant dreams. [6th day.] (*W.*)

Wild feeling in the head—with confusion of ideas; pressure, and a crazy feeling on the top of the head rendering her incapable of recording her own symptoms; fear of insanity and that should she become insane there would be no one to take care of her; worse at night but better in the morning. [8th day.] (W.)

Opposite mental states; she feels nervous and irritable and yet says she feels jolly. (W.)

Desires to do something but feels no ambition. (W.)

Wants somebody to talk to her and entertain her. (W.)

Feels hurried and yet incapable, as if she had something to do and could not do it. (W.)

Don't want to complain and yet don't avoid people. (W.)

Aversion to being alone and yet she does not dread it; tranquil; liked to see others and hear them talk. (W.)

Disposed to muse and dream; is awake, but seems to be asleep and afar off; seems to be two distinct personalities. (W.)

Great mental and bodily indolence; perceptive and reflective faculties seem to be benumbed, whereas, at first they were over active. (W.)

Can't think; acts without thought; keeps walking fast as if by instinct; feels hurried, don't know why; is forgetful; can't decide for herself; must depend upon others. (W.)

Hurried feeling, as though the breathing would be increased, yet it is not. (W.)

Conviction that the whole system is profoundly affected by the drug; that she is not the same person she was. (W.)

Discouraged; no heart nor strength to work. First few days of proving, revolved thoughts of suicide, such as "should I throw myself into the river, would they try to find my body, and would any one care?" and "how much opium would put me to sleep for ever?" an entirely new train of thought. (W.)

Both the social and moral conditions were profoundly affected: dislikes to be alone, though formerly she preferred it, but has no dread of being alone; sexual desires strong, though formerly weak; can repress the desire by keeping very busy, but as soon as occupation ceases the desire returns in full force. (W.)

Wits languid and intuitions dull. (W.)

She feels greatly depressed, with thirst, and pressure on the bladder and rectum; thirst, depression of spirits and dullness of intellect always preceded the severe symptoms. Listless and inert yet don't want to sit still; restless, yet don't want to walk; cross and pettish, and with these symptoms a great craving for meat. (W.)

Dreads to speak lest she say something wrong, and yet has a great desire to talk; shooting pain in the right side of the head. (W.)

Sudden depression of spirits; loss of vigor; could sit down and cry; impatient with herself and wants to tear about; feels

hurried, could walk or run aimlessly for an indefinite period; desire for fine things of all kinds with dissatisfaction with what she has and is envious of others. (W.)

While listening to a lecture, feelings of irritation in the region of the uterus suddenly seized her; with a desire to hit the lecturer and strike; later in the evening felt disposed to curse and swear, damn the fire, and things generally; then to think and speak of obscene things; as these mental states came, the uterine irritation abated. (W.)

Languid and forgetful. (W.)

Felt cross and impatient with everything and everybody. (W.)

The will has not its usual control over the muscular system; felt hurried—must walk to and fro continually; could not get interested by thinking or reading; wants somebody to be with her and talk to her; felt that she should die, and did not care if she did; wondered who would take care of her body if she did die. (W.)

Inability to apply the mind steadily, and to think clearly; with inability to recall facts perfectly familiar to her, [towards evening of the 2d day] (*Mrs. J. F.*) great depression; with continued inability to apply the mind; nervousness; disposition to weep; severe pain in the back, and headache [towards evening of the 3d day.] (*Mrs. J. F.*)

Entirely incapacitated for mental labor; with aversion to speaking or being spoken to; wants to be left alone; don't want to think; sees many things to be done, but can't force herself to do them; everything seems unreal; eyes look wild; have an insane look. (*Mrs. Dr. L. B. C.*)

Male.—Irritable in the evening, with disagreeable dreams at night, and unrefreshing sleep. (*Dr. L.*)

Irritable, depressed in body and mind, and unfit to work. (*Dr. L.*)

Not so irritable, but wants to be let alone; don't want the trouble to answer questions. (*Dr. L.*)

Taciturn and reticent during the day, with a burning, pressing headache which came on between five and six o'clock, P. M., affecting mostly the right side of the forehead, increasing in severity as the evening advanced, though it did not reach its former severity; great drowsiness. (*Dr. L.*)

Obtuseness of intellect; with inability to find the right words with which to express his thoughts; forgets what he is about to say; vertigo, especially when walking; a feeling as if intoxicated; staggering forward. (*Dr. L.*)

Ideas not clear; with great difficulty in concentrating the thoughts, nevertheless the thoughts come more readily by an effort of the will, and by continued speaking. (*Dr. L.*)

Great fearfulness and apprehension that he was suffering from disease of the heart. (*Dr. L.*)

Disinclination to work, either mental or bodily. (*Dr. L.*)

Makes mistakes when speaking, using wrong words; with fullness and heaviness in the forehead, especially the left side; dim sight, and weakness of the lower limbs as if unable to support the body. (*Dr. L.*)

In half waking dreams, occurrences which took place in quick succession seemed to be at very long intervals; for example, when his son got up to urinate, the intervals between getting up, urinating, and going to bed again seemed very long. (*Dr. L.*)

Low spirited, can hardly keep from crying. (*T.*)

Great apprehensiveness as if some fearful calamity were impending, or that an incurable disease had already fastened itself upon him. (*T.*)

Great apprehensiveness of the prover that he had mistaken the nature of his heart symptoms, and that instead of medicinal symptoms, he was suffering from organic disease of the heart. (*Dr. L.*)

HEAD.

Intense blinding headache in the forehead, commencing between 5 and 6 o'clock p. m., continued two hours, then changed to the back part of the head and extended down the neck, leaving a strange muddled feeling about the head; with general weakness and desire to lie down. (*F.*)

Dull pain in the head through the night, ameliorated in the morning at about 8 o'clock, but returned again at 6 o'clock p. m., and continued through the night. (*F.*)

Headache which had been moderate through the night, increased at 5 o'clock in the morning and continued till 9 o'clock, leaving a dull, heavy feeling in the head. (*F.*)

Severe, hot, prostrating pain in the forehead, coming on between 6 and 8 o'clock p. m.; with great heat of the extremities, and pulsation over the whole body, continuing till morning, when the palms and soles become moist. (*F.*)

Burning headache through the sinciput, continuing into the night. (*F.*)

Head clearer in the morning. (*F.*)

Dull headache early in the morning. (*F.*)

Heavy feeling in the head; with morning diarrhœa, griping in the bowels, nausea, and abundant saliva. (*F.*)

Pressing pain and heat in the forehead, continuing for several hours. (*F.*)

Shooting pains in the right temple, at 7 o'clock p. m., passing over to the left; with a dull, heavy sensation in the whole front part of the head; great dimness of sight; intense pain in both eyes, extending into the head; pressing pains in the right arm and wrist; cramp in the; fingers cramp-like pain in the left mamma and shoulder; dull pain in the back of the neck and feeling of constriction, continuing through the night. (*F.*)

Drawing, hot pain through the head and eyes, relieved by

frequent sneezing, at 10 o'clock, p. m. (See reproductive organs.) (F.)

Sore pain in the forehead and eyes; a sensation as if the part had been beaten. (F.)

Confused feeling in the head, with little pain. (B.)

Heavy feeling in the head. (B.)

Slight continuous pain in the forehead, particularly over the left eye. (B.)

Severe pain in the forehead, over the eyes, for more than an hour, then gradually abating. (G.)

A feeling in the head as if he had taken a severe cold, with stoppage of the nostrils. (G.)

Dull pain in the forehead over the eyes, commencing at noon, and continuing about two hours. (G.)

Dullness of the right side of the head, increasing to a sensation of pressure, inclining the head over to the left side. (Dr. G.)

Wild feeling in the head as though she would be crazy, [see mind and disposition] better on rising on the morning of the eighth day. (W.)

Head grows wild after keeping quiet for awhile [10th day]. (W.)

Pressure and crazy feeling in the head, can't write her symptoms. (W.)

Grumbling pain in the right side of the head, extending to the teeth of the same side. (W.)

Headache in the occiput, and over the eyes. (W.)

Pain in the occiput [27th day] a returning symptom in the course of the proving. (W.)

Absence of feeling in the head, when the menses cease to flow. (W.)

Pain in the left side of the head, temple, parietal and malar bones when sitting idle, were all relieved by motion and occupation. (W.)

Pain all over the head, with a heavy sensation as if too full of blood; congested feeling as if blood would issue when blowing the nose; must support the head with the hands; worse when walking in the open air; better at sunset. (S. A. F.)

Dull frontal headache all day, [1st day.]

Dull headache beginning in the forehead, and extended all through the head, worse on the left side, [2d day.]

Same kind of headache, mostly confined to the forehead, (3d day.) Fourth day the same; with stupid feeling, and nausea, coming and going suddenly. Fifth day the same; with yawning and stretching; severe chills towards evening:—with severe constrictive pain in the heart, extending through to the left shoulder blade; heart feels as if squeezed in a vice, and shakes with the cold though the weather is mild; inability to stand up and walk straight; nausea, better in a warm room.

Pain in the temples increased by pressure. (Mrs. Dr. B.)

Fullness in the head, with pressure from within outward, as though the contents would be forced through every aperture—the eyes, ears, nose, continuing for several days. (*Mrs. Dr. B.*)

Headache:—with pain in the back; very nervous; inability to apply the mind; depression of spirits, and disposition to weep, worse in the afternoon. (*Mrs. J. F.*)

Peculiar pressive headache, with tremulousness and increased flow of urine. (*Mrs. J. F.*)

Dull, heavy feeling in the head, as though her head would weigh too much; everything seemed unreal; sees many things to be done, but can't force herself to do them; wants to sit quietly in a chair without speaking or being spoken to; don't want to think; eyes have an insane look, her husband fears she will be insane. [Had such feelings once before after protracted mental and bodily exertion.] (*Mrs. Dr. L. B. C.*)

Pressing sensation of fullness in the temporal region, with a bursting sensation—a feeling as if the contents of the skull would issue through the ears, and surrounding parts, relieved by pressure with the hands. (*Mrs. Dr. L. B. C.*)

Head feels full, especially over the eyes. (*Dr. L.*)

Dull pressive aching, extending from the left temple over the ear to the occiput, coming in paroxysms. (*Dr. L.*)

Steady, dull, frontal headache, worse over the left eye. (*Dr. L.*)

Outward pressure in the whole forehead:—with reeling and staggering, and inclination to fall forward when walking; cold chills over the face, with heat and congested sensation in the chest; disagreeable dreams, and unrefreshing sleep. (*Dr. L.*)

Great heat in the forehead; with burning, pressive pains, especially over the left eye; with itching in the right temple; grumbling belly ache, though there is but little inclination to stool. (*Dr. L.*)

Dull pain in the left temple, extending thence to the forehead: with vertigo when walking, and a feeling of intoxication; staggering forward; face and forehead flushed and hot, and pricking sensation in the skin of the forehead. (*Dr. L.*)

Headache in the evening:—with lachrymation; sensation as if a rubber band were stretched from temple to temple, and pricking sensation in the forehead. (*Dr. L.*)

Dullness of the head, a kind of dizziness apparently more in the eyes; better in the open air. (*Dr. L.*)

Frontal, stinging, burning headache; with a sensation as if a rubber band were stretched over the head, the head feeling so muddled that he could not lecture, could not concentrate his thoughts, but self possession was regained as he went on. (*Dr. L.*)

Headache, worse in the open air. (*Dr. L.*)

Pressive pain at the angle between the forehead and left temple, digging down into the orbit, causing the patient to scowl and wink, the pains spread thence over the whole left hemisphere of the brain. (*Dr. L.*)

Dull frontal headache, worse on the left side: with lachrymation of the left eye, increasing in the evening. (*Dr. L.*)

Headache every evening. (*Dr. L.*)

Headache in the morning on waking, which gradually increased, when at noon it became very severe, passing from the forehead and temple to the protuberances of the occiput, dull, pressive and heavy, continuing through the afternoon, evening and night, with irritability of temper. (*Dr. L.*)

Screwing pain in the left protuberance of the occiput.

Drawing pain at the left of the nucha, which increased and became burning as from applied electricity, after going to bed; the whole neck felt lame and tired. (*Dr. L.*)

Dull headache; the pain moved continually from the sinciput to the occiput of the left side, but seemed at last to concentrate in the left temple, with frequent urination. (*Dr. L.*)

Momentary twitches throughout the day. (*Dr. L.*)

Dull pain in the left temple in the morning before rising, though the sleep was good; the pain changed to the right temple, then alternated between the two, worse toward evening, with stitches in the right hip joint coming and going throughout the day, and continued chilliness. (*Dr. L.*)

Continuous headache; with oppression of the chest which was temporarily relieved by singing. (*Dr. L.*)

Headaches gradually diminish, though they maintain usual character of evening aggravation; at the end of 10 days only slight tenderness of the left side of the head, forehead and temple remained. (*Dr. L.*)

Heat with full and bloated feeling of the head and face. (*T.*)

Heavy, confused and crazy feeling in the head. (*T.*)

Sensation as if a fluid were rushing through the head from right to left. (*T.*)

Suspended the recurrence of sick headaches (to which the prover had been accustomed) during the whole course of the proving, and for some time longer. (*Dr. L.*)

**Headache cured.* (*G.*)

SCALP.—Fine rash-like eruption about the forehead, and around the border of the hair, with much itching. (*F.*)

Itching in the right temple.

EYES AND SIGHT.

EYES.—Sore pain in the eyes and forehead, and a feeling as if the parts had been beaten. (*F.*)

Intense pain in both eyes, extending backward into the head; with great dimness of sight; shooting pains in the right temple, passing over to the left; crampy pain in the left mamma and fingers of left hand, and pressing pain in the right arm and wrist, commencing at 7 o'clock p.m., and continuing through the night. (*F.*)

Pain over the eyes, continuing for about two hours. (*Y.*)

Sharp pain at 6 o'clock p.m., over the left eye, abating after

half an hour, but continuing through the evening, and disappearing after sleeping. (*Y.*)

Dull pain over the eyes, at 2 o'clock p.m., continuing about two hours: with dull pain in the small of the back, and sacrum all the afternoon and evening; no desire for food; special dislike to bread; depression of spirits, and continued disposition to weep; pressing in the rectum and anus; chills in the back particularly after going to bed at night, and hot flushes towards morning. (*Y.*)

Dull pain in the forehead, over the eyes, commencing at noon, and continuing about two hours, with pain in the back, and nausea; no appetite; depression of spirits, and disposition to weep. (*Y.*)

Outer canthus of the right eye much inflamed, extending to the inner canthus, and agglutination of the lids; 14 days later the inner canthus continues to feel raw, aggravated by cold, damp, air. (*Mrs. Dr. S. A. F.*)

Right eye very sensitive to gaslight, with intolerable burning pain, subsequently extending to the left eye, and continuing for several days. (*Mrs. Dr. S. A. F.*)

Severe pressure in the right eye, continuing two hours. (*Mrs. Dr. C. LéB.*)

Eyes very painful, smarting, must close them often; light painful, darkness pleasant. (*Mrs. Dr. C. LéB.*)

Eyes feel very sore. (*Mrs. Dr. C. LéB.*)

Eyes look wild, have an insane expression: everything seems unreal; entirely incapacitated for mental labor; don't want to speak, or be spoken to, or compelled to think; sees many things to be done, but can't force herself to do them. (*Mrs. Dr. C. LéB.*)

Eyes full of water: with obtuseness of the head; can't find the right words to express his ideas; forgets what he wants to say; face flushed and hot, and pricking sensation in the skin of the forehead. (*Dr. L.*)

Pains digging down deep from the left temple into the orbit, causing the prover to wink. (*Dr. L.*)

Eyes heavy, and eyesight dim the whole day after an unrefreshing night's sleep: with fullness and heaviness in the forehead, especially the right side; inability to concentrate the mind, makes mistakes in speaking, using wrong words; great weakness of the legs, as if they would not support the body. (*Dr. L.*)

Burning in the eyes, after reading or writing, and feeling of great general weakness. (*Dr. L.*)

Pain in the eyes, constant, very troublesome. (*T.*)

Pain over the eyes. (*T.*)

SIGHT.—Blur before the eyes after a night made restless by lascivious dreams and seminal emissions towards morning, attended by difficulty in keeping the mind fixed upon the subject under consideration, selecting wrong words with which to express his ideas. (*Dr. L.*)

Blurred vision, cannot see objects distinctly: with loss of ap-

petite ; aversion to coffee ; nausea when thinking about it ; frequent desire to pass urine, but in small quantities, faint in a warm room, and when standing, with cold perspiration on the back of the hands and feet ; fearfulness and apprehension of some impending evil. (Y).

Dimness of sight : with intense pain in both eyes, extending into the head ; shooting pain in the right temple, passing over to the left ; crampy pains in the left mamma and fingers, and pressing pain in the right arm and wrist, beginning at 7 o'clock p. m., and continuing through the night. (F)

Muscae volantes at various times. (Mrs. Dr. S. A. F.)

Great dimness of sight ; eyes feel very sore. (Mrs. Dr. C. L&B.)

Eyesight, which was always weak, hypermetropic wearing $\frac{1}{4}$ glasses, is now much worse ; this aggravation continued for more than four weeks, when the eyes had returned to their natural condition with this improvement : whereas formerly she had a habit of turning the head towards the left when reading, in order to see the whole of a letter, for example, s p d & f fu, when looking straight forward could see only the straight part of the letter and not the curve ; now can see the whole letter distinctly without looking sideways. (Mrs. Dr. C. L&B.)

EARS.

Rushing sound in both ears. (B.)

NOSE.

Frequent sneezing at 10 o'clock p. m., relieving a severe, burning headache, and pain in the eyes. (F)

Sensation as if blood would issue from the nose when blowing it ; with feeling of fullness and heaviness of the head. (Mrs. Dr. S. A. F.)

Constant desire to pick the nose. (T.)

Right nostril dry and closed up. (T. and Y.)

Feeling as of a severe cold in the head. (Y.)

FACE.

Pain in the right side of the face, apparently in the cheek [malar ?] bone ; with stoppage of the right nostril, and feeling in the head as if she had taken cold. (Y.)

Heat and fullness of the face and head. (Dr. S.)

The left cheek bright red and hot in the morning on awakening. (Y.)

Chills moving over the face, chillier all over than in cold weather : with dull, pressive frontal headache, outward pressure ; broken sleep and disagreeable dreams. (Dr. L.)

Chilly feeling of the face in the forenoon, followed in the afternoon by fever : with congestion of the chest, slight momentary spasmodic twitchings around the heart ; dull pain in the left tem-

ple, extending thence to the forehead; vertigo when walking, and a feeling as if intoxicated; face and forehead flushed and hot, and pricking sensation in the forehead. (*Dr. L.*)

☞ Frequently recurring chilliness from the face downward; with constriction of the chest as if too narrow, and could be relieved only by letting out the blood. (*Dr. L.*)

Chills in the face. (*Dr. L.*)

Heat, with full and bloated feeling of the face and head. (*T.*)

JAWS AND TEETH

Grumbling pain in hollow teeth. (*F.*)

Dull pain in the jaw of right side; with sensation as if the teeth were elongated. (*F.*)

Grumbling pain in the teeth of the right jaw, with pain in the right side of the head. (*Mrs. Dr. N. W.*)

MOUTH AND THROAT.

Coated feeling in the mouth and fauces. (*B.*)

Hawking mucus from the throat, with constant disposition to vomit. (*Dr. S.*)

TASTE AND APPETITE.

Taste.—Taste of blood in the mouth: with severe congestion of the chest; weak beating of the heart; severe one-sided headache; dizziness; blur before the eyes; faint feeling, with fear of falling, aggravated in a close, hot room, ameliorated when fresh air strikes the uncovered head and face, and by walking, though the cool air produces chilliness; symptoms gradually increasing, then gradually decreasing. (*Dr. L.*)

Appetite.—Very little appetite, and soon satisfied. (*F.*)

She ate as much as usual, but without appetite. (*Mrs. Dr. N. W.*)

No appetite. (*Mrs. Dr. B.*)

Can't eat, feels hurried and like walking fast. (*Mrs. Dr. N. W.*)

Loss of appetite: after a restless night in consequence of lascivious dreams and seminal emissions which occurred towards morning. (*Dr. L.*)

The usual cigar is nauseous, and produces water brash. (*Dr. L.*)

Great appetite. (*Mrs. Dr. N. W.*)

Great craving for meat, and the more pronounced the symptoms, the greater the desire. (*Mrs. Dr. N. W.*)

Voracious hunger, seemingly in the back, extending along the vertebral column, and up to the occiput, not appeased by eating. (*Mrs. Dr. N. W.*)

Loss of appetite, with nausea after eating. (*T.*)

Great aversion to coffee (a favorite beverage), and nausea when

thinking about it, continuing three or four weeks after the last dose of the drug. (Y.)

Loss of appetite, and aversion to bread particularly, continuing for three weeks after the last dose of the drug, with depression of spirits; disposition to weep; pressing in the rectum and anus (from *prolapsus uteri*?) cold chills in the back, particularly after going to bed, with hot flushes towards morning. (Y.)

Anorexia. (Y.)

Loss of appetite cured. (D.)

Thirst.—Great thirst, drinking often and much. (Mrs. Dr. N. W.)

Great thirst: with despondency and dullness of intellect, always recurring just preceding the development of the severe symptoms of the drug.

GASTRIC SYMPTOMS.

Eructations.—Eructations from the stomach immediately on taking the drug. (Dr. S.)

Eructations with heavy, dull feeling in the stomach. (Mrs. Dr. C. L. B.)

Frequent eructations with great distention of the stomach, and escape of flatus from the anus [constant during the proving.] (Dr. S.)

Nausea; slight nausea. (Dr. S.)

Nausea, with great desire to vomit, but unable to do so. (Dr. S.)

Constant nausea, with the sensation as of a lump in the stomach, which moved down at every attempt to swallow, but immediately returned. (Y.)

Nausea when thinking of coffee, a favorite beverage. (Y.)

Nausea, with pain in the back; aversion to food; depression of spirits; and disposition to weep. (Y.)

Constant desire to vomit, and hawking of mucus from the throat. (Dr. L.)

Nausea: with morning diarrhœa, griping in the bowels, abundant saliva, and heavy feeling in the head. (F.)

Sweetish nausea, no desire to vomit: with feeling of fullness of the abdomen after eating very little; eating does not increase the nausea; nausea and full feeling in the abdomen subside after discontinuing medicine two days. (Mrs. Dr. N. W.)

Constant nausea: with pressure in the vagina, and pain at the top of the sacrum. (Mrs. Dr. L. B.)

STOMACH.

Fullness and disturbed feeling of the stomach after eating, with upward pressure. (F.)

Great distention of the stomach, with frequent eructations, and escape of flatus from the anus. (Dr. L.)

Uncomfortable feeling in the stomach and bowels; drawing in the right inguinal region; great weight and bearing-down in

the lower part of the bowels; short and oppressive breathing, and frequent stitches in the left mamma, aggravated after 2 o'clock, P. M. (F.)

Hollow, empty sensation in the stomach and bowels. (F.)

Great distention of the stomach and abdomen, with flatulent movements, relieved by passing wind up and down. (T.)

ABDOMEN.

Bloated feeling of the bowels after a meal, continuing after a diarrhœic discharge. (F.)

Flatulent movements in, and bloated sensation of the bowels after every morning's diarrhœic stool. (F.)

Burning heat extending from the anus upwards into the bowels after every loose evacuation, in the morning, continuing for several hours. (F.)

Gripping pain in the abdomen, commencing at 3 to 5 o'clock, P. M., increasing till late in the evening, and ending with a free bilious evacuation, which evacuation was followed by smarting at the anus and up the rectum. (F.)

Gripping pain in the abdomen after each morning diarrhœic discharge: with nausea, abundant saliva and heavy feeling in the head. (F.)

Grasping pain in the left side of the abdomen, near the left inguinal region: with pain in the right hip extending down the thigh, continuing throughout the day. (F.)

Full and disturbed feeling in the abdomen most of the time, with great weakness and trembling. (F.)

Great distention of the abdomen and stomach, with flatulent movement, relieved by passing wind up and down. (F.)

Heavy, dull feeling in the left side of the abdomen. (F.)

Pressure downward in the lower part of the abdomen, almost constant, with pressure in the rectum, and desire to go to stool. (F.)

Rumbling in the left side of the abdomen with loose stool in the morning. (F.)

Sharp, cutting pain across the lower part of the abdomen, seemingly proceeding from the left ovary. (F.)

Weak, tremulous sensation of the bowels, extending to the anus, continuing through the night. (F.)

Sharp pain in the right side of the abdomen, between the short ribs and hip, running towards the centre of the bowels. (F.)

Intensely sharp pain in the right side, between the hip and false ribs, extending forward to the umbilicus. (B.)

Sensation in the abdomen as if diarrhœa would come on, sometimes several times a day, passing off by urinating only. (F.)

Dragging-down sensation of the whole abdominal contents, extending to the organs of the chest, feeling greatly the need of support. (F.)

Distention of the abdomen, with full feeling of the chest every forenoon. (*F.*)

Empty feeling of the abdomen and stomach. (*F.*)

Painful drawing about the left inguinal region, extending to the pubis. (*F.*)

Much flatulent movement in the bowels. (*F.*)

Skin of the abdomen feels as if stretched and stiff, with a similar feeling in the upper part of the breast. (*W.*)

Bloated feeling of the abdomen in the region of the uterus, extending to the hips:—with nausea and darting pains in different parts of the head, [the 7th day after repeating the medicine.] (*W.*)

Tearing pain in the lower part of the abdomen, in the ovarian regions, extending downward. (*W.*)

Severe cutting pain in the bowels, beginning at 8 o'clock in the evening; extremities cold and clammy; sudden chills, not followed by fever, but with fullness of the head. The pain was relieved by *Nux vom.* (*Mrs. Dr. B.*)

Pain in the right iliac region, with wild feeling in the head; worse by quiet, better by motion. (*Mrs. Dr. W.*)

Depressing weight over the pubic region, with aching pain in the knees, felt after eating supper. [10th day.] (*Mrs. Dr. W.*)

Sensation as if the bowels were greatly bloated, but they are not so. (*Mrs. Dr. W.*)

Pulling downward and backward from the anterior superior spinous processes of the ilium in both sides. (*Mrs. Dr. W.*)

Feeling of great distention and soreness of the abdomen, after the menses cease to flow. (*Mrs. Dr. W.*)

Bloated feeling of the abdomen, which the prover thinks is the result of the development of the uterus and appendages. (*Mrs. Dr. W.*) [*See reproductive organs.*]

Constant burning pain across the lower part of the abdomen from groin to groin. (*Mrs. Dr. W.*)

Abdominal muscles unbearably sore just previous to stool, she can hardly keep from screaming, yet during stool the soreness seems less. (*Mrs. Dr. W.*)

Trembling of the abdomen, lower part of the back and knees. (*Mrs. Dr. B.*)

Burning pain across the abdomen, and in both ovaries, with diarrhoea; four loose [but not watery] dark brown stools, very urgent, can't wait a minute. Sharp, lancinating pains, extending from the left hypochondrium to the crest of the ilium. (*F.*)

Grumbling belly ache, (*Iris versicolor*), with but slight inclination to stool. (*Dr. L.*)

Bubbling sensation in the right hypochondrium. (*Dr. S.*)

Trembling sensation in the abdomen. (*Miss Y.*)

Weakness and trembling in the bones. (*Miss Y.*)

Bowels very uncomfortable. (*Dr. S.*)

Bowels feel as if swollen. (*Miss Y.*)

Abdomen tender to pressure. (*Dr. S.*)

Slight pain in the bowels, with rumbling, mostly on the right side. (*Dr. S.*)

Moving of flatus in the bowels, and feeling of fullness. (*Dr. S.*)

Much trembling in the bowels. (*Dr. S.*)

Rumbling in the lower part of the bowels, more on the right side. (*Dr. S.*)

Colicky feeling, rendering full breath impossible. (*Dr. S.*)

Heat and pressure in the hypogastrium. (*Dr. S.*)

Slight pain in the abdomen after stool. (*Dr. S.*)

Intermittent, sharp pain across the lower bowels. (*B.*)

Pressure downward and backward against the rectum and anus, aggravated by standing; relieved by walking in the open air or riding. (*Miss Y.*)

Downward pressure in the lower bowels, worse when standing. (*Miss Y.*)

STOOLS.

Loose, bilious stools, followed by smarting at the anus and up the rectum [constant throughout the proving.] (*F.*)

Every morning immediately after rising, diarrhœic discharges from the bowels, with an acrid sensation in the anus and rectum, as if a hot spray were thrown upon the parts, and the same acrid, smarting sensation in the urethra after every passage of urine—[constant.] (*F.*)

Dark colored and very offensive stools in the morning on rising, followed by smarting and burning sensation extending from the anus high up into the abdomen, continuing for several hours. (*F.*)

After stool, bloated sensation in the bowels, and flatulent distension. (*F.*)

Morning diarrhœa followed by a acid smarting sensation at the anus, and attended with great weakness and trembling. (*F.*)

The bloated feeling of the abdomen, and soreness to touch, relieved by a loose evacuation. (*F.*)

Morning diarrhœa continues, but with less smarting at the anus after stool. (*F.*)

Smarting at the anus after morning diarrhœa, which had abated, returns. (*F.*)

Morning diarrhœa with griping in the bowels and rasping sensation at the anus, and up the rectum after every evacuation; nausea and abundant flow of saliva. (*F.*)

Small, loose stools in the morning, with painful desire, smarting at the anus, and uncomfortable sensation in the bowels. (*F.*)

Morning diarrhœa, with cramp in the legs and feet after the discharge, with yawning and stretching all over. (*F.*)

[To be finished in June number.]

Homœopathic Intelligence.

Van Aernam Exit.—The *Daily Observer*, of Utica, N. Y., of April 18, says:—"When the gifted GRANT came to power, he appointed one Doctor VAN AERNAM Commissioner of Pensions. The Doctor was a practitioner of the old school. He loved a lancet and doated on a blue pill. The pellets and powders of Homeopathy were an abomination in his eyes. The mixed medicines of the Eclectic school met no favor at his hands. He roiled the waters of Hydropathy with the calomel-bitterness of his contempt.

The good Doctor straightway discovered that some medical heretics had been commissioned by his unworthy predecessors as Pension Surgeons. These surgeons are simply authorized to diagnose—not to dose—the cases of soldiers wounded in the late unpleasantness. But the wrath of the Regular was nevertheless roused against all who could not echo the shibboleth of his medical creed. Some messenger of malice brought him word that up in the village of Oneida dwelt a physician, grey in practice and ripe in experience, who, after treading for twenty years in the hallowed paths of the Allopaths, made his home with the Homeopaths. Him VANAERNAM resolved to treat with heroic remedies. He first enticed him into answering certain gentle questions, as to when and where he graduated and as to what his present school of practice was. Then he came down upon him with a brief dictum to the effect that "all Examining Surgeons should belong to one school and adopt one theory of medicine." As the offending surgeon confessed to HAHNEMANN'S heresy he was informed that he was not "recognized by the Bureau," and was requested to resign as the best available means to save himself from being kicked out. Similar compliments were paid to all the Pension Surgeons in the country who differed from Doctor VAN AERNAM on the question of doses. All this happened nearly a year ago. But the second part of the play has just transpired. On Friday last, the name of JAMES H. BAKER, of Minnesota, was sent to the Senate for confirmation as Commissioner of Pensions in place of Doctor VAN AERNAM, removed.

GOLDSMITH'S ancient ballad is illustrated afresh: "The man

got well and"—the party who made the attack—"it was that died."

The Doctor's successor is a lawyer. Assuming that his experience with medicine is that of the average patient, he is probably not strongly prejudiced in favor of either school. It is safe to assert that a blue pill is not the anchor of his hope and a lancet is not the light of his life. It is expected that BAKER will bring better-bred ideas into the Pension Bureau than have obtained there of late. He will certainly understand at the beginning of his official life that, even in these days of Radicalism, the people will not tolerate the proscription of any class of educated physicians. "A fair field and no favor," to pills and pellets, to lobelia and water, is the doctrine on doctoring which is accepted by a vast majority of the citizens of the United States. The removal of Doctor VAN AERNAM will therefore be hailed with satisfaction.

American Institute of Homœopathy.—Regarding Applications for Membership.—In view of the approach of the next meeting of the American Institute of Homœopathy, I beg to make a suggestion, as Chairman of the Board of Censors, to physicians who may apply for membership. The Board of Censors will require of each applicant, that his first or given name shall be stated in full, and not in initials:—this was required at the last meeting, as one initial letter might represent several different names. For general information, the following Section 1 of Article IX of the By-Laws is given, that applicants may know what is required of them, and what are the duties of the Board of Censors:

"Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and sustains a *good moral character* and general standing—addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute—may be elected a member thereof, and, upon the payment of two dollars, shall receive a certificate of such election."

As complaints have heretofore been made in regard to the moral and professional status of members who have been elected, it will be required, in order to prevent such complaints in the future, that the three members of the Institute who shall sign an application, *shall be each personally acquainted with the applicant*, and not sign, at the request of another member, without such personal knowledge. It is of more importance to science and to the cause of humanity, that only ten really competent physicians shall be elected to membership at each session of the Institute, than one hundred pretenders and mongrels. The matter of competency (not numbers) should be of paramount importance.

F. R. McMANUS, M. D.,
Chairman of Board of Censors.

American Institute of Homœopathy.—"The Press" of Philadelphia, May 6th, says: The twenty-eighth annual session of the American Institute of Homœopathy will be held in this city next month, commencing on the 5th, and continued until the 10th instant. A very large attendance is anticipated, and the profession are engaged in making the most extensive arrangements for the comfort and the pleasure of the delegates while sojourning in Philadelphia. A grand levee will be given by the State society and a banquet will be tendered by the county organization. The annual address will be delivered in the Academy of Music.

Albany, (N. Y.,) City Dispensary.—Report of the Resident Physicians.—During the six months ending March 31, 1871, 6,003 prescriptions have been made to 1,278 different patients. This number includes 1,856 visits to patients at their residences. The total number of prescriptions to the present time is 20,831.

Of the thirteen hundred cases treated, about one-ninth are recorded as surgical. A large portion of these are designated as cases of minor surgery. Several important operations have been performed; several dislocations and compound fractures have been reduced and treated. This class of cases would be largely augmented had the surgeon adequate hospital accommodation for the proper care and treatment of cases requiring attendance such as can be provided only in a well appointed institution for admitting indoor patients. During the month of November there was successfully treated a number of cases of typhoid pneumonia, pleurisy and diphtheria. A gratifying success may also be reported in the treatment of a large number of exanthematous fevers during the months of December and January. During the months of January, February and March, over 600 cases of various diseases of the lungs were treated; also quite a number of cases of scarlatina and measles.

The success in the surgical department has been very gratifying, especially since the establishment of a daily clinique in this branch and the regular attendance of the surgeon. The thanks of the association are due to the surgeon for the care and skill bestowed on the patient under his charge; and, also, to the many kind friends who have supplied the dispensary with lint, bandages, old linen and cerates.

The institution has never been in a more prosperous condition than at present; as the daily increase of patients will show. The supply of medicines has always been ample. Fixtures, instruments, books and other appliances for the successful prosecution of the ends of such an institution, are constantly increasing, and each month has so far not only added to the number of patients, but also to the facilities of treating them. The increase in the number of patients may be fairly ascribed to the attendance of the visiting physicians on the days appointed, although their attendance involves a loss of the best portion of the day,

and often a sacrifice of personal interest. Not only this, but the physicians referred to have been frequently called upon to visit cases in consultation with the resident physicians and have always given the undersigned all the assistance they have desired, both by advice and sharing the responsibility of the cases.

PHILIP I. CROMWELL, D. B. BELAN. Resident Physicians.

Hahnemann Hospital of N. Y. City.—A grand *Soirée Musicale* for the benefit of the hospital building fund, took place at the Union League Club on Friday evening, April 21st, 1871. Near \$700 worth of tickets were sold, and a probable net profit of over \$400 will remain after deducting expenses. This is a most gratifying result when the unusually high price of tickets is considered, these having been placed at two and three dollars.

Prof. P. A. Rivarde the distinguished *maestro* had full and complete charge of the music. Miss Anna Simon the popular and favorite soprano, sang the difficult and beautiful Aria "Semiramide." She was most heartily encored, and in response sang a brief Aria. Mr. H. E. Clark, the talented tenor also sang, and was greeted with much enthusiasm. Mr. Poznanski, the violinist, Mr. Bergner the violoncellist and Mr. Valarova the masterly pianist, as also the following artists, Miss Seeger, Miss Davenport Miss Munier and Miss Tomlinson co-operated.

The audience was large and select, representing the cream of New York Society. Among those present were Wm. Cullen Bryant, Consul General Kobbè, Hon. R. A. Storrs, Hon. C. C. Pinckney, Prof. Hunt, Dr. B. F. Bowers, Dr. Louis Hallock, Dr. Seeger, Wm. Radde, E. N. Loew, Judge Loew, Consul Bromberg, Col. Perley, Prof. Quackenboss, LL. D., A. T. Briggs, Rev. Mr. Hennicke, Rev. Mr. Vorberg, Dr. A. P. Throop, Dr. E. Miner, Dr. Thompson, Dr. Richardson, Dr. Noble, Dr. Dunnell, and many other well known and prominent persons.

The heartiest thanks are due to Prof. Rivarde for the success of the musical portion.

A few remarks were made by Mr. H. C. Brown, Secretary of the Hospital. "Under the lead of our Medical Director, Dr. Seeger we have been pushing onward. Our large hearted President, Mr. Calkins has done much, but to that noble hearted and truly charitable lady Mrs. R. B. Connolly belongs the proud honor of having made the first subscription to the building fund of the new Hahnemann Hospital. Mrs. R. C. Hutchings nobly followed with the second subscription."

Wm. Cullen Bryant also made a few brief remarks.

Barometrical and Thermometrical records are kept at the Hahnemann Hospital in N. Y. City.

The Legislature of the State of N. Y. which has just adjourned, granted \$25,000 to aid in the erection of the new Hahnemann Hospital. In the next number a complete list of the grants made Homœopathic Institutions will be published.

Homœopathy at Wilmington, Delaware.—The Wilmington Daily Commercial of April 29 says:—"At the Quarterly Meeting of the trustees of the poor, for New Castle County, on Wednesday evening last, Dr. Kittinger and Dr. Curtis were elected attending physicians in place of Dr. Bullock and Dr. Wales, whose terms had expired, and Dr. C. Harlan was elected consulting physician.

This will revolutionize the method of treatment at the institution, as the new physicians are homœopathic. The board took this action of their motion, the vote for the measure standing 5 to 2, 4 new members not voting.

Our next largest charitable institution, the Home for Friendless Children, is also under homœopathic management."

Minnesota State Homœopathic Institute.—The fifth annual meeting of the Minnesota State Homœopathic Institute will meet at Saint Paul, on the 6th. of June next, at the Hall of the Good Templars, No. 177 Third Street. The hall will be open at 10 o'clock A. M. the Session to begin at 1 o'clock P. M.

Let there be a full attendance. Interesting reports from the several committies are expected. Arrangements will be made with the various Railroads to pass Delegates at half rates.

H. WEDELSTÆDT, M. D. Secretary.

Homœopathic Mutual Life.—In a late number of the *New England Medical Gazette*, appear some remarkable facts in relation to this company. Since commencing business in 1868, it has issued more than three thousand policies. As its name implies, the organization was started for the especial purpose of securing the superior advantages of the homœopathic practice to those seeking insurance, who are advocates of this school of medicine.

Two sets of tables were prepared, one embodying the usual system of rates charged; the other constructed with lower premiums, expressly for those who have adopted homœopathy. A sufficient basis is now secured from the company's experience, to judge of the correctness of its principle. 2,700 of the risks taken thus far, have been homœopathic—and about 500 upon non-homœopathic or allopathic. Seventeen losses have been paid by the company—two were accidental or violent deaths: of the other fourteen, nine belonged to the 500 allopathic risks, and only three to the 2,700 homœopathic. This is proportion of more than eight to one in favor of the latter.

The policy-holders who insure at homœopathic rates are not forbidden to resort to other treatment in any case, but only where the change is permanent, the company reserve the right to charge thereafter non-homœopathic rates, leaving to the good judgment of the assured, the expediency of summoning physicians of another school in special cases.

As we have observed, however the Homœopathic while making this feature of its business a speciality, by no means confines its

attention exclusively to it—all sound lives applying are insured on more favorable terms than they can generally secure elsewhere. All the various plans and methods adopted by other responsible companies are adopted by this one. Its life policies are non-forfeitable under the Massachusetts law; and all its other policies are non-forfeitable after the payment of one annual premium. No restrictions are imposed on residence or travel, and policy-holders share in the profits of the company. Without debating the relative merits of the two schools of medicine, at this time, the experience of the Homœopathic thus far has justified its expectations, and while safety is assured to all its members, whatever advantages may result from homœopathic treatment is secured to its patrons. Liberal in their treatment of those who may hold views differing from their own, the officers are determined to afford the public a practical illustration of the correctness of their own belief.

Ohio State Homœopathic Medical Society met at Cincinnati May 10, 1871. Reports and papers were received from Dr. S. E. Adams, of Springfield, on electricity in the management of disease; Br. B. Disbro, on "*Apis Mellifica*"; Dr. H. H. Baxter on "*materia medica*, as related to clinical medicine"; Dr. Ring, on the general subject of *Materia Medica*, and Dr. Owens, on the treatment of several special cases. Considerable discussion arose on Dr. Fincke's high potencies. Drs. Wilson and Beckwith protested against their use, because they were patent medicines. Drs. Owens, Breyfogle and Ehrmann defended the preparations.

Papers were also read by Dr. Flowers, in post mortem hemorrhages; by Dr. Schneider, on the exclusion of air from wounds; by Dr. Lukens, on Surgery, and by Dr. Beckwith on hernia.

The society voted to invite the American Institute of Homœopathy to hold their next summer meeting in Cleveland. An amendment to the constitution, which provides for the expulsion of members who send prescriptions to allopathic druggists to be compounded, elicited a lively discussion, and was finally laid over till the next meeting. The society adjourned to meet the 1st Tuesday in May, 1872, at Toledo.

State Board of Health.—The Senate of Michigan by a vote of 18 to 12, in committee of the whole, defeated the bill establishing a State Board of Health.

Illinois Homœopathic Medical Association.—We understand that the recent meeting at Chicago was well attended, and the proceedings interesting. We have space this month for only a brief abstract.

The Association was called to order by the president, Dr. Leonard Pratt, and opened with prayer by Rev. A. Miller.

Prof. G. D. Beebe gave an address of welcome on behalf of the physicians of Chicago.

Dr. T. M. Triplett transmitted a fee bill for country physicians. Referred.

Papers read.—Dr. M. D. Coe on typhoid epidemics of 1870; Dr. G. D. Beebe on ovarian tumors; Dr. D. S. Smith, history of homœopathy in Illinois; Dr. T. C. Duncan on physiology; Dr. J. Davies on diseases of women; Dr. L. Dodge on jurisprudence; Dr. W. Danforth on Scammon hospital and on dislocations of the hip; Dr. J. S. Mitchell on inflammation of large intestines; Dr. O. H. Mann on materia medica; Dr. E. M. Hale on cardiac myalgia; Dr. A. W. Woodward on constitutional effects of gonorrhœa; Dr. W. H. Woodyatt on otorrhœa; Dr. E. M. McAfee on biliary calculi; Dr. A. E. Small on medical education.

Officers elected.—Dr. E. M. McAfee, president; Drs. Foote and D. A. Colton, vice-presidents; Dr. J. S. Mitchell, recording secretary; Dr. T. C. Duncan, corresponding secretary; Dr. E. M. P. Ludlam, treasurer; Drs. Morrison, Van Loew, Parsons, Potter and Cole, *censors*.

COMMITTEES APPOINTED.—*Anatomy*—G. P. Hedges and E. A. Ballard. *Physiology*—J. S. Mitchell and A. W. Mitchell. *Pathology*—L. D. Grosvenor. *Clinical Medicine*—L. E. Ober, N. F. Cook and M. D. Coe. *Diseases of Women*—R. Ludlam, S. P. Cole, B. H. Cheney and J. S. Mitchell. *Surgery*—G. D. Beebe, W. Danforth, W. H. Burt, L. Pratt. *Ophthalmology*—W. H. Woodyatt. *Hygiene*—T. C. Duncan. *Materia Medica*—T. Baumeister, F. A. Lord. *Climatology*—H. Pierce, H. P. Gatchell. *Histology*—E. Parsons, O. H. Mann. *Necrology*—T. C. Duncan. *Psychology*—R. N. Foster. *Medical Education*—J. S. Mitchell. *History*—D. S. Smith. *On Biliary Calculi*—J. S. Mitchell. *Diseases of the Heart*—E. M. Hale. *Spinal Diseases*—D. A. Colton.

After appointment of delegates to State Societies, etc., and passage of sundry complimentary resolutions, the Association adjourned to Monday preceding the third Thursday of May, 1872.

PERSONAL.

Hunt.—Prof. F. W. Hunt, who has been to Nassau N. P., has returned to New York City, we trust much strengthened by his visit.

Evans.—C. Horace Evans M. D., has removed from Sycamore, Ill., to 926 West Lake Street, Chicago, Ill.

Clark.—C. D. Clark, M. D., has located at Appleton City, St. Clair Co. Mo.

NECROLOGICAL.

Hunt.—Dr. F. G. Hunt, formerly of Ann Arbor, Michigan, died at St. Louis, Mo., January 11, 1871, after an illness of twenty-six days.

Niemeyer.—Dr. Felix Von Niemeyer, director of the medical clinic of the University of Tübingen, died there on the 14th of March. He was the most celebrated teacher of clinics in South Germany, and most of the medical Professorships of South Germany were held by his pupils. His "Lehr-buch der Praktischen Medizin" (Elements of Practical Medicine) has been translated into six languages, and was published last year by D. Appleton & Co. His death was probably accelerated by the ardor of his services during the late war, at Metz and at Nancy, where he was employed as consulting physician. As an acknowledgement of his faith-

ful performance of duty, he received the Iron Cross a few days before his death.

Bigler.—Dr. G. W. Bigler died at his residence on Race street, Cincinnati at 8 o'clock April 28, of paralysis, after an illness of nearly two weeks.

The Cincinnati *Commercial* says: Dr. Bigler was a native of Harrisburg, Pennsylvania, and came to this city in 1850, where he intended to practice medicine as a disciple of the regular school, but becoming a convert to the homœopathic system, he adopted it, and was one of the most successful and popular practitioners of that school in the city. He was a man of a warm and generous nature, and won hosts of friends by a kindly and genial disposition which opened the way for closer regard. He was charitable in the largest sense, and like the best men in his profession, bestowed its benefits liberally to the poor, in the devout belief that a brighter reward than earth can yield lies beyond.

Dr. Bigler early conceived an admiration for the Swedenborgian system of theology, and was a faithful member of that church. He was also a member of the Masonic order, and was identified with the quiet but substantial charities performed by both organizations in this city. His death will be the more lamented by his friends as he had only reached the meridian of life.

The following is the action of the Cincinnati Homœopathic Medical Society in reference to the death of Dr. Bigler:

At a called meeting of the Cincinnati Homœopathic Medical Society, the committee—Drs. J. H. Pulte, J. H. Harpel C. C. Bronson and J. D. Buck—who were appointed by the Chair, offered the following preamble and resolutions which were adopted.

"WHEREAS, It has pleased the Infinite Father to remove, by the hand of death, our beloved friend and brother, the honored President of our Society, George W. Bigler, M. D., in the prime of manhood and in the midst of his usefulness; therefore,

"Resolved, That as a Society we deeply mourn the loss which has so suddenly come upon us, by which we are deprived of an able and honorable President, a wise and faithful counselor, a true physician, and a noble and warm-hearted friend.

"Resolved, That in the death of Dr. Bigler the profession which he has supported and honored, and the community which has received his ministrations for twenty-one years, have met with an irreparable loss.

"Resolved, That we tender to the bereaved wife all the consolation that human sympathy and kindred grief can bestow in this her hour of deepest affliction, and humbly pray the Infinite Father to bestow that tender pity which Infinite love alone can vouchsafe, and to shelter in His bosom the widow and the fatherless.

"Resolved, That we invite the Homœopathic fraternity of the city and vicinity to attend with us in a body the last sad rites we may offer on the remains of our departed brother.

"Resolved, That a copy of these resolutions be furnished the city papers and Medical Journals for publication, and that a copy be presented to the widow of our deceased brother."

T. C. BRADFORD, *Secretary.*

LOCATIONS.

Nevada City, Vernon Co., Mo.

Butler, Bates Co., Mo.

Tecumseh, Lenawee county, Michigan on Jackson branch of Michigan Southern Railroad. Population 2,000. Letters of enquiry may be addressed to J. H. Osborn Esq., Tecumseh, Lenawee Co. Michigan.

Aurora Indiana, write for particulars to J. W. Vance M. D. Lawrenceburgh Indiana.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

LILIUM TIGRINUM.

(*Tiger Spotted Lily.*)

BY WM. E. PAYNE, M. D.*

[*Concluded from page 254.*]

The morning diarrhœa, followed by smarting at the anus and up the rectum, together with the urinary tenderness and smarting, continued to recur more than six weeks after the last dose of the drug. (*F.*)

Several loose stools a day, alternately loose and solid, with constant inclination as from something pressing on the anterior wall of the rectum, two or three inches above the anus. The bowels are naturally regular. (*W.*)

Great desire for stool at 10 o'clock A. M., with constant pressure in the rectum. (*W.*)

During the day time a stool every half hour, lumpy, small and diarrhœic with escape of flatus; constant tenesmus and a feeling as though she could sit on the stool for ever, and burning in the urethra. (*W.*)

Continued diarrhœa.

Abdominal muscles unbearably sore just before stool, but less so during stool. (*W.*)

Four loose, dark brown stools in the morning, very urgent, can't wait a minute, with burning pain across the abdomen and in both ovaries. (*W.*)

Urgent desire to go to stool; cannot wait. (*Y.*)

Tenesmus, and great desire to go to stool, but every effort resulted in the voiding of a little urine only. (*Y.*)

A sensation as if diarrhœa were coming on, nevertheless it did not. (*Dr. S.*)

Violent emission of flatus. (*Dr. L.*)

Escape of flatus with great distension of the stomach, and frequent eructations. (*Dr. S.*)

Stools dark and hard. (*Dr. S.*)

18—June

ANUS AND RECTUM.

Smarting, acrid sensation at the anus and in the rectum after every loose, bilious discharge, which occurred every morning [constant throughout the proving.] (*F.*)

Tremulous and weak feeling at the anus, and through the bowels, at night. (*F.*)

Rasping sensation at the anus and up the rectum after ever diarrhœic discharge. (*F.*)

Smarting at the anus after every small loose stool in the morning, with painful desire. (*F.*)

Constant tenesmus—felt as though she could sit on the stool forever, with burning sensation in the urethra. (*W.*)

Pressure in the rectum, with almost irresistible desire to go to stool; constant sensation in the abdomen as if diarrhœa would come on, continuing for several days, but relieved for a short time by passing a small quantity of urine. (*F.*)

Severe pressure in the rectum and at the anus. (*Y.*)

Tenesmus and great desire to go to stool. (*Dr. S.*)

Pressing down at the anus, not much relieved by lying down. (*Y.*)

Heat in the anus and rectum after stool. (*Dr. S.*)

URINARY ORGANS.

Frequent inclination to void urine, with scanty discharge, followed by smarting in the urethra—[constant.] (*F.*)

Frequent desire to urinate in the latter part of the night and early morning, with acrid, smarting sensation after every discharge, [the acrid, smarting sensation always occurs after, and not during the flow.] (*F.*)

Urine milky in appearance when first discharged, but, on cooling, deposits a thick, reddish sediment. (*F.*)

Urine scanty, milky, thick and roiled in appearance when cool, with frequent desire to pass it, and every passage followed by smarting and burning in the urethra. (*F.*)

Urine more copious and clear, but the same smarting in the urethra follows every discharge. (*F.*)

Urine diminished in quantity, but frequent, though there is less of the smarting after voiding it. (*F.*)

The smarting after passing urine returns, the odor is strong, but the urine is clear. (*F.*)

The urinary tenesmus, and smarting after every passage, together with the morning diarrhœa, and acrid smarting at the anus and up the rectum continues to recur for more than six weeks after the last dose of the drug was taken. (*F.*)

Burning in the urethra with constant tenesmus. (*W.*)

For several days continuous pressure in the region of the bladder; constant desire to urinate, with but scanty discharge; smarting in the urethra, and tenesmus. (*W.*)

A feeling of irritation in the bladder, with inclination to urinate; but can control the desire by an effort of the will. (*W.*)

Urine increased and dark colored. (*W.*)

Pressure on the bladder and rectum [see moral symptoms.] (*W.*)

Burning hot urine, flowing more like boiling oil than like water. (*Dr. L.*)

Frequent desire to urinate through the day:—with smarting in the urethra; if the desire is not immediately attended to, a feeling of congestion of the chest ensues [male.] (*Dr. L.*)

Frequent urination through the day; with dull headache, which continually moves from the sinciput to the occiput, and finally concentrates in the left temple. (*Dr. L.*)

Frequent but scanty urination. (*F.*)

Passing urine relieves a sensation in the bowels, as if diarrhœa were coming on. (*F.*)

Micturition scanty and frequent. (*Y.*)

Copious flow of urine. (*B.*)

Urine copious the second day after each dose. (*Dr. G.*)

Urine high colored. (*Dr. G.*)

Urine remarkably clear and white. (*B.*)

REPRODUCTIVE ORGANS.

(*Female.*)

Vagina:—Itching and smarting of the labia, with great uneasiness of the parts. (*F.*)

Smarting and feeling of irritation of the labia, with great heat as though the parts were inflamed, and sharp, incisive pains extending upward into the vagina. (*F.*)

Great tenderness to touch of the whole sexual organs. (*F.*)

Pressure and weight low down in the vagina. (*S. A. F.*)

Pressure in the vagina, and pain at the top of the sacrum extending to the hips; worse on going to bed, preventing sleep; with wild feeling in the head as though she would be crazy, and haunted with the thought, that should she lose her reason, there would be no one to take care of her; dreaming when asleep; constant nausea; better on rising. (*W.*)

Rash like eruption upon, and swelling of the labia, produced apparently by an acrid, excoriating leucorrhœa flowing over the parts. (*W.*)

A discharge of bright red blood from the vagina, [for the first time in two years] with dull, heavy pain, and great weakness in the small of the back and loins, continuing without interruption the four following days. (*Y.*)

Uterus.—Pain in the sacrum, with a sensation of weight and downward pressure in the lower part of the abdomen (pelvis) which continued for six days, very severe; worse when standing (*Y.*)

Bearing-down in the lower part of the abdomen for more than twenty days;—with constant nausea; a sensation as of a lump in the centre of the chest which moved downward by empty swallowing, but immediately returned; severe pressure in the rectum and at the anus, and a constant desire to go to stool, but with every effort to evacuate the bowels, a little urine only was discharged; sensation as if a hard body were pressing backward and downward against the rectum and anus, [in 3 provers] standing aggravated and increased the desire to go to stool; somewhat relieved by walking in the open air, and riding; bowels distended; trembling sensation in the abdomen with chilliness; cold feet and hands; urgent desire to go to stool, cannot wait; when at stool, severe downward pressure of the bowels, and at the anus, with a feeling as if diarrhœa would ensue, but no fecal evacuation, only urine; loss of appetite; aversion to coffee and bread, nausea when thinking of them; frequent passing of urine in small quantities; faint in a warm room, and when standing, with cold perspiration on the back of the hands, and tops of the feet; blurred vision; depression of spirits; constant inclination to weep, with great dread of impending evil, and apprehension that she had already upon her a terrible and incurable disease, [very marked in nearly all the provers.] An examination *per vaginam* found the uterus low down, the fundus tilted forward, and the *os uteri* pressing hard upon the rectum, allowing but a difficult passage of the index finger between the *os* and the rectum. Under the use of *Helonias dioica*, the uterus returned to its natural position in a few days. (Y.)

Great weight and pressure in the region of the uterus, with downward pressure as though the whole contents of the abdomen would press out through the vagina. (F.)

Bearing down when standing: with shooting pains in the left ovary, the bearing-down is relieved by sitting down, and by pressing upward with the hand hard against the vulva. (F.)

Great bearing-down in the uterine region: with a sensation when on the feet as though the whole pelvic contents would issue from the vagina if not prevented by hard pressure with the hand against the vulva, which there was a constant and uncontrollable inclination to do. (F.)

Severe dragging down sensation in the whole sexual organs, with a feeling as though the whole internal parts were being pulled downward from the breasts and umbilical regions, through the vagina, and an uncontrollable desire to press the hands against the vulva to prevent the parts from escaping, with irritability of temper, anxiety, and dread of impending evil [constant throughout the proving.] (F.)

A swollen sensation in the whole of the pelvic organs. (F.)

Great weight and pressure in the uterine and left ovarian regions, which continued to recur at intervals for a long time after the last dose of the drug was taken. (F.)

Bloated feeling in the region of the uterus; with full feeling in the abdomen, and darting pains in the head, very soon after repeating the drug. (*W.*)

Bearing-down in the pelvis as though everything would come into the world through the vagina; with the feeling as if the whole pelvic contents were being dragged downward from the stomach, and even the chest and shoulders, increased by standing, walking, and riding; very distressing at night, not relieved by lying down, nor by change of position; an involuntary disposition to place the hand upon the hypogastrium and press upward to relieve the dragging-down sensation; a forcible inspiration seemed also to relieve the pelvic pressure by expanding the thorax; aching and pressure across the lumbo-sacral region; constant pressure upon the rectum as if she must hurry to stool,—this sensation of pressure is as if some hard body were pushing against the anterior wall of the rectum, two or three inches above the anus, as well as at the anus; several stools a day alternately loose and solid [very unusual]; opposite and contradictory mental states alternating. (*W.*)

Aching in the pelvis, apparently around and not in the uterus, with a sensation as if the uterus and appendages were swollen. (*W.*)

Dragging-out feeling in the pelvis as though the whole contents were being dragged downward into a funnel, the outlet of which corresponded with the vagina [*Helonias* 200—greatly relieved this sensation, though there was still constant apprehension that the bearing-down in the vagina would return. (*W.*)

After three days intermission the bearing-down did return, everything seemed to be pressing out through the vagina, and after four days continuance this bearing-down changed into intermittent labor-like pains in the lower part of the back, attended and followed by a thin, acrid leucorrhœa, which left a brown stain upon the linen; she mistook the discharge for returned menstruation which had ceased but a week previous; all the symptoms worse in the afternoon and evening till midnight, then better till the next afternoon, when all the symptoms of the previous day returned, leucorrhœa more excoriating, producing a rash-like eruption and swelling of the labia. The pelvic pains resemble those of an imminent miscarriage, preventing sleep. (*W.*)

Bearing down pains aggravated by walking. (*S. A. F.*)

Bearing down pains as if menstruation were coming on, with constant pain low down in the back bone, between the hips. (*T.*)

Severe neuralgic pains in the uterus, could not bear to be touched, moved, nor even the weight of the bed-clothes; the slightest jar of the bed was torture. This condition continued an hour and a half, and suddenly passed off without leaving any lameness of the parts. On examination, the uterus was found to be in an anteverted position. (*Mrs. Dr. B.*)

[*Anteversion of the uterus was found to be present in three*

provers; and resting a diagnosis upon well proved subjective symptoms, there can be but little doubt that this condition of the uterus existed in a fourth case, though, owing to extreme sensitiveness of the prover, it was not verified by touch.]

Leucorrhœa.—Thin, acrid leucorrhœa, which from leaving a brown stain upon the linen was mistaken for a return of menstruation, though the menses had ceased but a week before; the leucorrhœal discharge attended and followed severe bearing down pains in the uterine region; the bearing down pains, four days later, culminated in severe labor-like pains assimilating those of an imminent miscarriage, worse in the afternoon till midnight, then better till the next afternoon, when all the symptoms of the previous day returned—the leucorrhœa becoming more acrid and excoriating, producing a rash-like eruption, and swelling of the labia. (*W.*)

Bright yellow leucorrhœa excoriating the the whole perineum: with scanty menstruation, not one fourth part as much as usual. (*Mrs. Dr. B.*)

Profuse acrid leucorrhœa following immediately the cessation of the menstrual flow. (*Mrs. Dr. B.*)

[This prover reported herself better in health after the effects of the drug had passed away than she had been for two years.]

Ovaries.—Dull, drawing pain in the left ovarian region, relieved by gentle pressure on the part with the hand. (*F.*)

Sharp pain in the left ovarian region:—with itching and smarting of the labia; great uneasiness of the parts, and sharp pains extending up the vagina. (*F.*)

Great tenderness from pressure over the left ovarian region: with darting pains extending to the groin of that side, and the pubes in front, and frequent desire to pass urine, which was small in quantity, and followed by an acrid, smarting sensation in the urethra, continuing for several minutes. (*F.*)

Stinging and darting pains in the left ovarian region throughout the day. (*F.*)

Sharp, cutting pains in the evening and night in the left ovarian region, extending across the lower part of the abdomen to the right; better by gentle rubbing with the warm hand. (*F.*)

Grasping pains in the left ovarian and inguinal regions, extending to the hip and down the thigh, continuing throughout the day. (*F.*)

Continued stinging sensation in the left ovarian region;—with a sensation of fullness and voluptuous itching in the vagina, arms stiff and painful; tight, painful drawing through the forehead and eyes, and hot pain through the whole head, relieved by frequent sneezing, at 10 o'clock, p. m. (*F.*)

Shooting pains in the left ovary; with bearing down when standing, relieved by sitting down, and by pressing upward with the hand against the vulva. (*F.*)

Grasping pains in the left ovarian region, extending across

the lower part of the abdomen to the right; very sensitive to hard pressure, but the pain was mitigated by gentle rubbing and moderate pressure. (F.)

[The sensation of weight and bearing down in the uterine region, and pains of various kinds in both the left ovary, and left mammary gland, were almost constantly present with this prover, and continued to recur a long time after the last dose of the drug was taken.]

Tearing pains in the ovarian regions of both sides. (W.)

Pains mostly in the right ovary, but some days later it was most severe in the left, extended down the anterior and internal side of the left thigh:—with aggravation by walking, seeming, when one step was made, that another could not be taken; nevertheless a feeling of restlessness compelled her to extend and flex the limb as in walking; this disposition she could not resist, though she knew the effort would be followed by greater pain; the *effort*, rather than the *act* of moving the limb, seemed to aggravate the pains. She could not decide which pelvic pain was worse, that in the back or that in the front. (W.)

Tenderness on pressure in the ovarian region, especially in the right. (W.)

Aching in the left ovary which steadily increased, till, at last, it seemed as though a knife were being plunged into the ovary, and the parts ripped down to the groin and anterior part of the thigh; the pains extended to the lumbo-sacral region, and upward to right hypochondrium, somewhat ameliorated by pressure over the ovary; she was obliged to lie down and felt so depressed that she cried herself to sleep. (W.)

Pain in the right ovary with back-ache. (W.)

Burning pain in both ovaries in the morning: with burning higher up in the abdomen, and four loose, dark brown stools before 11 o'clock, A. M. Stools very urgent, could scarcely wait. (W.)

Gnawing pain in the right ovarian region: with a dragging sensation, aggravated by walking, and a sensation as if something were shaking loose in that region whenever the right foot was planted heavily upon the floor or ground as in walking; also gnawing pain in the back, worse in bed, and continuing all night. (Mrs. Dr. L. B. C.)

Catamenia. — Menstruation came on at the usual time, normal in quantity, and continued to flow as long as she kept moving about, but ceased to flow whenever she ceased walking. (W.)

Menstruation returned [hemorrhage?] after having been absent two years in the case of a person who had passed her climacteric. (Y.)

Menstruation returned in two weeks, slight in quantity, dark in color, thick, with odor like that of the lochial discharge. (W.)

Two weeks before the regular time, a sensation in the lower part of the abdomen as if menstruation were coming; but it did not appear. (*W.*)

First month menstruation too early by 5 days; second month delayed 1 day; third month one day too early. (*S. A. F.*)

Menses delayed four days, then scanty and of short duration. [Very unusual.] Second day, after time to menstruate, at 8 o'clock, P. M., was suddenly seized with severe cutting pain in the bowels, extremities cold and clammy, and attended with chills and fullness of the head, but no fever heat; relieved by *Nux vom.*, and slept through the night, but awoke next morning weak and tremulous, as from a fit of sickness. (*Mrs. Dr. B.*)

Menstruation too scanty, not one fourth part as much as usual, followed by profuse bright yellow leucorrhœa, so acrid as to excoriate the perineum. (*Mrs. Dr. L. B. C.*)

Menstruation was scanty in three provers.

When the menses ceased flowing, there came on a feeling of fullness and soreness around the abdomen, at the same time absence of feeling in the head. (*W.*)

SEXUAL INSTINCT.

Female.—Voluptuous itching in the vagina, with feeling of fullness of the parts; continued stinging sensation in the left ovarian region; arms stiff and painful; tight, painful drawing in the forehead and eyes; hot pain through the whole head, relieved by frequent sneezing at 10 o'clock, P. M. (*F.*)

Increased sexual desire. (*W.*)

Sexual desire strong, though formerly not so; can repress it by keeping very busy, but as soon as occupation ceases the desire returns in full force. (*W.*)

Male.—Sexual desire which has been dormant for years roused into activity. (*Dr. L.*)

Lascivious dreams with seminal emissions towards morning, followed by weakness and a feeling of irritability, and great difficulty in keeping his mind fixed upon the subject under consideration, frequently selecting wrong words to express his idea. (*Dr. L.*)

Mamma.—Pain in the left mamma. (*F.*)

Severe cutting pains in the left mammary gland, extending through to the left shoulder blade, aggravated by lying on the left side [constant throughout the proving.] (*F.*)

Severe pain and sensation of heaviness in the left mamma; with a sensation as if the heart were grasped, the pain extended backward to the left shoulder blade, and down the side to the lumbar region. (*F.*)

Sharp, cutting pains in both mammary glands, extending from the left mamma through to the left shoulder blade, and to the spine; ameliorated by change of position; with hard breathing;

frequent desire to make a deep breath; sighing; restless sleep; frightful and laborious dreams, and no sleep after 2 o'clock A. M. (*A. M. F.*)

Frequent stitching pains in the left mamma: with drawing sensation extending to the shoulder and neck, worse after 2 o'clock P. M.; also short breathing; oppression of the chest, and uncomfortable feeling in the stomach and bowels; drawing in the right inguinal region; hot hands, and great weight, and bearing-down sensation in the lower part of the abdomen. (*F.*)

Dull pain and constricted sensation in the left mamma and side, with oppressed breathing; worse when lying down. (*F.*)

Cramp-like pain in the left mamma, shoulder and fingers; with shooting pains in the left temple, passing over to the right; dimness of sight, and intense pain in both eyes extending backward into the head, from 7 o'clock, P. M., till morning. (*F.*)

Left mammary gland painful, with drawing sensation in the left armpit and shoulder. (*F.*)

Pain in the left mammary gland, and around the left shoulder blade continued to recur for a long time after the last dose of the *Tiger lily* was taken. (*F.*)

Pubis:—Depressing weight over the pubis, after supper; with pain in the knees. (*Mrs. Dr. N. W.*)

Clinical:—In several cases of delayed *post-partum* recoveries, the *Lilium* has accomplished all that could be desired. When the uterus is slow in returning to its normal condition; the lochial discharge continues too long, is profuse and excoriating; pain in the back and hips, bearing down and dragging from high up, when in an upright position or at stool, as if the whole pelvic organs would escape through the vagina if not prevented by firm pressure with the hand against the vulva; painful smarting in the urethra after passing urine; constipation with itching, painful hemorrhoids, or morning diarrhœa; fears the presence of an internal disease from which she never will recover, and dreads insanity. *Lilium tigrinum* 30, will effect a prompt change for the better.

RESPIRATORY ORGANS.

Larynx and bronchia:—Cough dry and hard—coming in single coughs. (*F.*)

Respiration:—Oppressed breathing, with oppression in the lower part of the chest, aggravated about 4 o'clock in the morning. (*F.*)

Oppressed breathing, with a constricted feeling in the lower third of the chest, worse towards morning. (*F.*)

Hard breathing:—with frequent desire to make a deep breath; sighing; restless sleep; frightful and laborious dreams; pain in the mammary glands, extending from the left through to the shoulder-blade, relieved by changing position. (*F.*)

Short breathing. (*F.*)

Frequent inclination to sigh, short breathing, and pain in the left mamma. (*F.*)

Short, oppressed breathing:—with uncomfortable feeling in the stomach and bowels; drawing in the right inguinal region; great weight and bearing down in the lower part of the abdomen, stitching pains in the left mamma, and hot hands. [See reproductive organs]. (*F.*)

Short breathing and contracted feeling in the chest. (*F.*)

Desire to make a long breath frequently, and sighing which appeared to come from the lower part of the abdomen. (*F.*)

Out of breath when ascending, obliging her to stop; it seemed as if it proceeded from the heart. (*F.*)

Oppressive heat and congestive feeling of the chest, a kind of ebullition, worse in the evening, must go into the fresh air for relief; but going into the fresh air increases the headache. (*Dr. L.*)

Feeling of compression of the chest and great weight—a feeling as if the chest had too much blood in it, producing a choked, suffocated sensation, and might be relieved by letting out the blood; slight relief from sighing. (*Dr. L.*)

The chest seems to become congested if the desire to urinate is not attended to immediately. (*Dr. L.*)

Congested and constricted feeling of the chest, as if too narrow, and might be relieved by letting out the blood, with chills running from the face downwards. (*Dr. L.*)

Full breath prevented by severe colicky pains. (*B.*)

Severe congestion of the chest in the afternoon:—with bloody taste in the mouth; weak beating of the heart, severe left side headache; dizziness; faint feeling all over; blur before the eyes, and fear of falling; *aggravated* in a close, hot room; ameliorated when walking the street and when the fresh air strikes the uncovered head and face, although the cool air produces a feeling of chilliness. (*Dr. L.*)

Sensation of weight and oppression in the left chest. (*T.*)

Sensation as of a lump under the breast bone, moving down on every empty swallowing, but immediately returning. (*T.*)

CHEST AND HEART.

Chest:—Sharp twinges, followed by a dull, drawing sensation in the left side of the chest, extending upward to the clavicle. (*F.*)

Dull pain in the left side of the chest, and at the shoulder. (*F.*)

Constricted sensation in the left side of the chest, extending across to the right side, with sharp pains running upward to the throat, collar bone, and to the left armpit, and shoulder-blade, *ameliorated* by changing position, though it continued till after rising in the morning. (*F.*)

Full feeling of the chest, with distension of the abdomen. (*F.*)

Constricted sensation in the left side of the chest about a hand's breath below the mamma. (*F.*)

Hot, congested feeling in the chest; general chilly feeling, and chills especially in the face. (*Dr. L.*)

Dull pressure under the sternum, towards the middle lobe of the right lung, relieved by sighing and pressure with the hand. (*Dr. L.*)

Sharp, quick pain in the left chest. (*T.*)

Irritation in the upper part of the chest and on the arms:—with a fine itching rash-like eruption about the forehead, and around the border of the hair. (*F.*)

Heart:—30th day after commencing the proving, heart symptoms appeared; sudden fluttering of the heart after walking, felt less when very busy. (*W.*)

Hurried, forcing feeling about the apex of the heart, with fluttering, and general faint feeling; could do nothing, obliged to put aside her work; relieved by sitting still. (*W.*)

Had two sharp thrusts of pain in the heart.

Heart symptoms were troublesome, out of breath when ascending a flight of stairs, obliged to stop to get breath. (*W.*)

Heart symptoms constantly troublesome, but aggravated when walking fast. (*W.*)

Sharp and quick pain in the left side of the chest, with fluttering of the heart. (*Y.*)

Sensation as if the heart were squeezed in a vice, as if the blood had all gone to the heart, producing a feeling as if the prover must bend double; inability to walk straight. (*C. Le B.*)

The heart fairly shakes with cold, though the weather is mild; nausea; all the heart symptoms are better when going into a warm room. (*C. Le B.*)

Heavy feeling as if the blood were shut up in the heart; pulse small and weak, a sensation as if blood did not reach the radial artery in sufficient quantity. (*Dr. L.*)

Weak beating of the heart:—with severe congestion of the chest, bloody taste in the mouth; severe left-sided headache; dizziness; feeling of faintness; blur before the eyes and fear of falling. (*Dr. L.*)

Awakened from sleep at night with a distressing, pressive pain in the region of the heart, and palpitation. (*T.*)

Constant pain in the region of the heart, increased by bending forward, stooping, and on lying down. (*T.*)

Wakened at night by a violent fluttering of the heart, not influenced by change of position. (*T.*)

Attacks of violent palpitation of the heart, frequently recurring. (*T.*)

Sensation of weight in the left chest. (*T.*)

Heaviness and pressure in the region of the heart, almost unbearable after eating. (*T.*)

Fluttering or palpitation of the heart; cold hands and feet covered with cold perspiration. (*T.*)

Sensation as if the heart were grasped, with pain and heavi-

ness of the left mamma, extending to the left shoulder-blade, and down the left side to the lumbar region, 10 o'clock P. M. (*F.*)

Slight momentary, spasmodic twitchings around the heart, with a congested feeling of the chest. (*Dr. L.*)

Pain in the left side of the chest as if the heart were violently grasped by the hand, then suddenly released alternately, interrupted pulsation and breathing, relieved by rubbing and pressure [Compare Cactus.] (*Dr. G.*)

Pain in the region of the heart in the afternoon; aggravated by stooping, leaning forward or bowing, much increased through the night; but better in the morning and forenoon. (*Dr. G.*)

Dull, heavy or pressive pain in the region of the heart. (*Dr. G.*)

The heart feels as if squeezed in a vice [Compare Cactus] (*Mrs. Dr. C. Le B.*)

Pressive pain in the heart. (*Dr. S.*)

Dull, pressive pain in the left side of the chest, apparently in the heart. (*Dr. G.*)

Heaviness in the region of the heart. (*Dr. S.*)

Heavy feeling in the left side, in the region of the heart, constantly. (*Dr. S.*)

Fluttering of the heart. (*Y.*)

Throbbing of the heart causing him to catch his breath. (*Dr. S.*)

Palpitation of the heart. (*Y.*)

Violent beating of the heart, and throbbing of the carotids, preventing sleep when lying on either side. (*Mrs. Dr. S. A. F.*)

Severe constrictive pain about the heart, extending through to the shoulder-blade; with severe chills toward evening, and yawning and stretching. (*Mrs. Dr. Le B.*)

Heaviness in the region of the heart; and palpitation when lying on the left side; worse at night, and when lying down. (*Dr. L.*)

The heart symptoms were all worse at night: and there was great fearfulness that he had mistaken his case: and that he was really suffering from an organic disease of the heart instead of medicinal symptoms, though he had never had such symptoms before. (*Dr. S.*)

Arteries:—Conscious pulsations over the whole body, and out pressing sensation in the hands and arms as though the blood would burst through the vessels. (*F.*)

Throbbing of the carotids, with violent beating of the heart, worse when lying on either side, preventing sleep. (*Mrs. Dr. C. Le B.*)

Pulsation over the whole body coming on between 6 and 8 o'clock P. M. with severe hot pain in the forehead, heat of the extremities, and prostration. (*F.*)

Pulsation of all the arteries, perceptible to the prover. (*F.*)

BACK.

Cervical:—Drawing sensation in the muscles of the neck; left shoulder; and stitching pains in the left mammary gland, increasing after 2 o'clock, P. M. (F.)

Dull pain in the nape of the neck with feeling of constriction. [See head symptoms.]

Soreness of the cervical and occipital muscles, during the whole proving. (Mrs. Dr. W.)

Pain in the left *nucha*, increasing to a burning sensation as from applied electricity, the whole neck feels lame, and tired; worse on going to bed. (Dr. L.)

Dorsal:—Pain in the back and left shoulder-blade which seemed to proceed from the left mammary gland and was relieved by changing position:—with hard breathing; frequent desire to make a deep inspiration, sighing; restless sleep, frightful and laborious dreams; no sleep after two o'clock A. M. (F.)

Pain between the shoulders. (B.)

Pain in the dorsal vertabræ as if the back would break. (Mrs. Dr. S. A. Y.)

Creeping chills down the back every night on going to bed, continuing for a month, each attack followed by violent beating of the heart, and throbbing of the carotids preventing sleep; worse when lying on either side. (F.)

Cold feeling in the back as if cold water were being poured upon it. (Y.)

Cold chills in the back at night, and hot flushes in the morning. (Y.)

Lumbar:—Sharp pain in the lumbar region, extending over the right hip to the umbilical region, ameliorated by rubbing. (F.)

Drawing pain in the right side of the loins, near the hip, increased by rising up. (F.)

Trembling sensation in the lower part of the back, abdomen, and knees. (Mrs. Dr. B.)

Steady pain in the small of the back, spreading from the spine both ways towards the kidneys, continuing all day, after a restless night. (Dr. L.)

Constant pain in the loins. (Y.)

Dull, heavy pain and great weakness in small of the back and loins. (Y.)

Occasional dull, shooting pains across the small of the back. (Dr. S.)

Steady pain in the lumbar region. (B.)

Dull pain in the lower back and sacrum. (Y.)

Constant pain between the hips. (Y.)

Constant pain low down in the back-bone between the hips. (Y.)

Pain in the right side of the loins, near the hip, which came on changing position in bed aggravated by rising up. (F.)

Sacral:—Pain in the sacrum. (Y.)

Drawing pain in the sacrum aggravated by moving. (F.)

Coccygeal:—Sensation of pulling upwards from the tip of the os coccygis. (Mrs. Dr. N. W.)

UPPER EXTREMITIES.

Shoulders:—Dull pain in the left shoulder. (F.)

Drawing pain in the left shoulder and neck, and stitching pains in the left mamma. (F.)

Itching and burning of the deltoid muscles of both shoulders, relieved for a short time by rubbing and scratching. (Mrs. Dr. N. W.)

Axilla:—Sweat in the arm-pit, especially in the right. (Mrs. Dr. N. W.)

Upper arms:—Tearing pains in the muscles of the left upper arm. (Dr. L.)

Irritation of the arms and upper part of the chest. (F.)

Fore arms:—Pressing pain in the right arm and wrist, with cramps in the fingers. (F.)

Wrists:—Pain [hard ache] in the right wrist, and sensation of great weakness. (F.)

Pressing pain in the right wrist, and arm, with cramps in the fingers. (F.)

Hands:—Out pressing sensation in the hands and arms in the first part of the night:—with restlessness; heat and pain in the forehead, extending to the eyes, going off in the morning at 8 o'clock. (F.)

Burning heat in the palms of the hands and soles of the feet extending up the limbs, with constant searching for a cool place, aggravated at night. (F.)

Moisture of the palms of the hands towards morning, following great heat at night. (F.)

Right hand and arm stiff and painful during the night, abating after 8 o'clock in the morning. (F.)

Both hands and arms stiff and hot as if parched. (F.)

Fever heat of the hands and arms through the night. (F.)

Tremor of the hands. (Mrs. Dr. B.)

Cold hands. (Y.)

Everything exciting produces cold hands. (Mrs. Dr. B.)

Cold hands and feet, with profuse cold and clammy perspiration, keeping the hands and feet constantly wet. (Mrs. Dr. B.)

Cold perspiration of the back of both hands. (Y.)

Fingers:—Pricking, painful sensation in the fingers and hands, at night. (F.)

Quick pain in the ring-finger of each hand and the corresponding toes, lasting a second, but frequently recurring. (Dr. S.)

Pain in the index finger, like an electric current, beginning at the joint, with increased throbbing of the pulse. (F.)

Sensation as of an electric current, beginning in the left index

finger, extending to the other fingers of the same hand, and up the arm; then in the right index finger, extending as on the other side, to the remaining fingers of the same hand and arm, with, at the same time, coldness of the feet, which continued for several hours, [this electric current was felt throughout the proving, but in the left hand and fingers was the first of all the symptoms to show any permanent abatement and together with the hot feet and hands first that permanently disappeared.] (*F.*)

Fingers of the right hand feel stiff, with cramp in the middle finger, running up the arm. (*F.*)

Pricking sensation in the fingers of both hands.

Stiffness of the fingers, almost like paralysis; great difficulty in holding and guiding the pencil to write. (*Mrs. Dr. B.*)

Severe pain and soreness of the second joint of the fingers, and ankle joints, rendering the jolting of a carriage very painful; the pain continued severe all night; next morning the muscles felt lame as if bruised; the soles of the feet were very sore, making stepping painful; hands felt as if they had been pounded, and the whole body felt sore and bruised; even the pressure of the clothes was very painful. (*Mrs. Dr. B.*)

LOWER EXTREMITIES.

Hips:—Pain in the right hip extending down the thigh. (*F.*)

Boring pain in the right hip joint; stiff feeling of the muscles of the thigh, and pain in the ankle, going down to the toes. (*F.*)

Soreness of the right hip joint, during the whole proving:—with soreness of the cervical and occipital muscles; worse during thirsty spells, (see moral symptoms.) (*Mrs. Dr. N. W.*)

Stitches coming and going throughout the day in the right hip joint; with chilliness and headache, increased as the evening advanced. (*Dr. L.*)

Severe drawing pain in the right hip, extending down the outside of the thigh, relieved by moving the limb from place to place. (*F.*)

Catching pain in the right hip, and down the outside of the thigh; worse when sitting up. (*F.*)

Occasional stitching pain in the right hip joint, (*Dr. L.*)

Thighs: Drawing pain on the outside of the right thigh, proceeding from the hip, relieved by moving the limb from place to place. (*F.*)

Pain in the left thigh, aggravated by walking, yet the pain was so much worse after having ceased to walk, she was impelled to walk again, though she knew after doing so she would be worse again. (*Mrs. Dr. N. W.*)

Great lassitude of the thighs; with chills commencing in the face and extending downward; and oppressed feeling of the chest as if it contained too much blood. (*Dr. L.*)

Severe, fleeting, circumscribed pain on the inner side of the left thigh. (*Dr. S.*)

Sharp pain in the left thigh, two inches below Poupart's ligament. (*Dr. S.*)

Knees: Grasping pain in knees, continuing for some time. (*F.*)

Heavy, aching sensation in both knees after lying down. (*F.*)

Stinging sensation just below the right knee. (*F.*)

Aching in the knees, and depressing weight over the pubis [10th day.] (*Mrs. Dr. N. W.*)

Trembling of the knees, abdomen and back, and tremor of the hands. (*Mrs. Dr. B.*)

Weakness and pain in the knees when walking. (*Dr. S.*)

Weakness and pain in the knees particularly in ascending. (*Dr. S.*)

Sharp, circumscribed pain in both knees, at the internal condyles. (*Dr. L.*)

Pain in the knees, constant. (*Dr. L.*)

Dull, heavy pain from the knees to the toes, moving suddenly from place to place [Kali. bich.] (*Dr. L.*)

Formication below the knees. (*Dr. S.*)

Circumscribed, shifting pains below the knees. [Comp. Kali. bich.] (*Dr. S.*)

Legs: Tingling in the legs. (*Dr. S.*)

Legs feel heavy, full and dull. (*Dr. S.*)

Coldness of the outer side of the left leg as if wind were blowing upon it. (*Dr. S.*)

Outpressing sensation in the extremities—legs, feet, hands and arms, in the evening in bed:—with general restlessness, heat and pain in the forehead and over the eyes, going off at 8 o'clock in the morning with a free discharge from the bowels, leaving an acrid smarting sensation at the anus. (*F.*)

Fever heat of the feet and legs throughout the night. (*F.*)

Heat in the lower limbs with restless movements. (*F.*)

Cramp in the legs and feet:—with morning diarrhœa, and stretching and yawning. (*F.*)

Aching of the legs:—with inability to keep them still in bed; worse when giving up control of herself, as when trying to sleep. (*Mrs. Dr. N. W.*)

Swiftly darting pains about the legs in the evening, continuing for about two hours; then suddenly subsiding. (*F.*)

Great weakness of the legs. (*Mrs. Dr. N. W.*)

Legs weak as if unable to support the body. (*Dr. L.*)

Staggering gait; could not walk straight without exerting himself to the utmost. (*Dr. L.*)

Joints seem to lack synovial fluid when walking, could almost hear crepitation. (*Mrs. Dr. B.*)

Extremities cold and clammy, with chills and severe, cutting pain in the bowels, and full feeling of the head. (*Mrs. Dr. B.*)

Ankles:—Pain in the ankle joint, worse when moving. (*Dr. S.*)

Severe pain in the ankle joints, and second joint of the

fingers, making the motion of a carriage very painful ; bruised feeling in the soles of the feet, and great muscular soreness, making pressure of the clothes painful. (*Mrs. Dr. B.*)

Feet :—Dull, boring pain in the top of the left foot. (*Dr. S.*)

Cold feet. (*Y.*)

Cold feet and hands, and constantly wet with a cold, clammy perspiration. (*Mrs. Dr. B.*)

Cold perspiration of the feet. (*Y.*)

Coldness of the feet, with a sensation as of an electric current in the fingers of both hands, commencing in the left, and extending to the right. (*F.*)

Burning heat, beginning in the soles of the feet and palms of the hands, and extending thence over the whole body, increased in the evening in bed, with constant desire to find a cool place. (*F.*)

Moisture of the soles of the feet towards morning, following great heat. (*F.*)

Pulsation in both feet. (*Dr. S.*)

Toes :—Cramp in the toes of the left foot. (*F.*)

Quick pain in the fourth toe of each foot, at the same time in the ring finger of each hand, continuing but a second, but frequently returning. (*Dr. S.*)

FEVER.

Chills :—Chilly feeling all over the body. (*Mrs. Dr. C. L  B.*)

Chills creeping down the back for a month, every night on going to bed ;—with violent beating of the heart, and throbbing of the carotids, preventing sleep when lying on either side. (*Mrs. Dr. C. L  B.*)

Severe chills towards evening ; with stretching and yawning ; a severe constrictive pain about the heart, a feeling as if the heart were squeezed in a vice, the pain extending through to the shoulder-blade. [See heart symptoms.] (*Mrs. Dr. C. L  B.*)

Chills attending a severe cutting pain in the abdomen, with cold and clammy extremities, and fullness of the head. (*Dr. B.*)

Chills in the face, extending downward, with a more general chilly feeling than in cold weather, at the chest. (*Dr. L.*)

Congestive chills continuing the whole forenoon, when in the fresh, open air. (*Dr. L.*)

Chills running from the face downward ; with constriction of the chest, as if too narrow, or too much crowded with blood, and burning heat over the body, the whole night, with queer, half waking dreams. (*Dr. L.*)

Chilliness when in the cool, open air, though all the other symptoms are relieved thereby. (*Dr. L.*)

Chilliness, with trembling sensation in the abdomen.

Cold feet and hands, and urgent desire to go to stool—cannot wait. (*Y.*)

Heat :—Fever heat of the extremities through the night. (*F.*)

19—June

Great heat and general lassitude in the afternoon, with throbbing pulsations over the whole body, and outpressing sensation in the hands and arms, as though the blood would burst through the veins. (*F.*)

Thirst.—Drinking often and much at a time. (*Mrs. Dr. N. W.*)

SLEEP.

Sleepiness before bedtime; much sleep. (*B.*)

Sleepiness at unusual hours. (*Y.*)

Great desire to sleep, with unpleasant dreams. (*Mrs. Dr. N. W.*)

Excessive wakefulness. (*F.*)

Restless sleep; frightful and laborious dreams; sharp, cutting pains in the mammary glands—the pain in the left extending through the left shoulder blade, and to the spine; better by change of position. (*F.*)

No sleep after 2 o'clock a. m. (*F.*)

Unquiet sleep. (*F.*)

Restless, inability to sleep. (*F.*)

Frequent waking as from fright. (*F.*)

Inability to sleep, with wild feeling in the head, as if she would be crazy. (*Mrs. Dr. N. W.*)

Inability to sleep for a long time—eyes wide open, at length went to sleep lying on the back with the knees drawn up. (*Mrs. Dr. N. W.*)

No sleep till after midnight, then frequent waking. (*Mrs. Dr. N. W.*)

Waking in the morning tremulous and weak as from a severe fit of sickness, after having had an attack of severe, cutting pain in the bowels in the evening, beginning at 8 o'clock; the pain in the bowels was promptly relieved by *Nux v.* (*Mrs. Dr. B.*)

Sleep unrefreshing—broken by disagreeable dreams; with great irritability in the evening; full feeling in the forehead, over the eyes; outward pressure in the whole forehead; reels and staggers when walking; with inclination to fall forward, and chills in the face. (*Dr. L.*)

After having been called out at night, was miserable and restless—could not sleep, everything seemed too hot; next morning steady pain in the small of the back, spreading both ways to the kidneys, continuing all day; occasional stitches in the right hip joint, staggering gait—could only walk straight by very great exertion. (*Dr. L.*)

Drowsy, with burning, pressing headache, mostly in the left side of the forehead, gradually increasing with the advance of evening. (*Dr. L.*)

Unrefreshing sleep, with fullness and heaviness of the head, especially the left side in the morning. (*Dr. L.*)

Restless sleep, full of unremembered dreams; with seminal emissions towards morning, waking with dull headache, palpi-

tion of the heart, beating of the arteries, felt only when lying in bed, or during a siesta. (*Dr. L.*)

Dreams.—Dreams all night. (*Mrs. Dr. N. W.*)

Frightful and laborious dreams, with restless sleep, and sharp, cutting pains in the mammary glands. (*F.*)

Unpleasant dreams. (*Mrs. Dr. N. W.*)

Queer, half waking dreams, for instance; occurrences which followed each other in rapid succession, seemed to be separated by long intervals, as when the child got up to pass urine. The intervals between getting up, passing urine, and going to bed again, seemed very long. (*Dr. L.*)

Lascivious dreams towards morning, and seminal emissions; followed next morning by irritability and great weakness of the legs; dull pressure under the sternum towards the middle portion of the right lung [which pressure was somewhat relieved by sighing and pressure with the hand]; difficulty of keeping the thoughts fixed upon the subject under consideration, making mistakes when speaking, choosing wrong words to express the ideas; loss of appetite.

Afternoon: congestion of the chest; taste of blood in the mouth; weak beating of the heart; severe left-sided headache, dizziness; blur before the eyes; faint feeling, with fear of falling; *aggravation* in a close room; *amelioration* when walking the streets, and when fresh, cool air strikes the uncovered head and face, though the cool air produces a chilliness. These symptoms gradually increased, continued severe for two hours, then gradually decreased. (*Dr. L.*)

GENERAL SYMPTOMS.

Restlessness at night. (*F.*)

Languor, lassitude. (*F.*)

Prostration with severe, hot pain in the forehead, coming on between 6 and 8 o'clock p.m., attended by heat of the extremities, and pulsation over the whole body. (*F.*)

Great irritability of the nervous system. (*F.*)

Some of the pains are ameliorated by change of position, while others are aggravated. (*F.*)

Sensation of outward pressure as if the blood would burst through the veins. (*F.*)

Pulsation of all the arteries, perceptible to the prover. (*F.*)

Symptoms return every day from 5 to 6 o'clock p.m., gradually increase through the night, and abate at about 8 o'clock a.m., [constant throughout the proving.] (*F.*)

Symptoms all better from morning, till late in the afternoon. (*F.*)

Symptoms continued to recur regularly every afternoon throughout the proving. (*F.*)

Great weakness and trembling, attending morning diarrhoea. (*F.*)

Yawning and stretching; with cramps in the legs and feet, attending morning diarrhœa. (*F.*)

Pains generally worse after riding. (*F.*)

In some cases the uterine symptoms are better after riding and exercise in the open air. (*Y.*)

With some of the provers, the symptoms of the reproductive organs were more clearly defined on the left side, while with others more on the right, but *generally* more on the left.

Pain aggravated by walking, but so much worse after having ceased to walk, that the prover was impelled to walk again, though knowing the pain would be aggravated thereby. (*Mrs. Dr. N. W.*)

The pains occupy small spots, or if produced by hard pressure with the ends of the fingers. [Compare Oxalic acid.] (*Dr. S.*)

Symptoms worse when giving up active control of herself, for example, when trying to sleep. (*Mrs. Dr. N. W.*)

All the symptoms better when busy at work or thinking (*Mrs. Dr. N. W.*)

On the 27th day of the proving, the symptoms first developed returned. (*Mrs. Dr. N. W.*)

After the symptoms have entirely disappeared, they return again very suddenly in the same order, without any apparent provocation. (*Mrs. Dr. N. W.*)

The severe symptoms are always preceded by thirst, and a dull, stupid feeling. (*Mrs. Dr. N. W.*)

Muscles of the whole body respond very sluggishly to her will. (*Mrs. Dr. N. W.*)

The muscles of the whole body feel sore and bruised, rendering stepping, the motion of a carriage, and even the pressure of the clothes very painful. (*Mrs. Dr. B.*)

Aching of the flesh and bones throughout the body, fullness of the head and pressing from within outward, as though the contents would be forced through every aperture of the head, eyes, ears, etc.

Convulsive contractions of almost all the muscles of the body and a feeling as if she would be crazy if she did not hold tightly upon herself.

Nervous symptoms coming on at 3 o'clock P. M., and growing worse and worse each successive day for six days.

The hands become cold on every occasion of excitement.

Great nervous prostration, lassitude, enervation.

Nervous tremulousness and inability to think clearly and recall facts perfectly familiar, or to apply the mind to any subject steadily.

Aimless hurry and motion, walking to and fro, up and down; cannot be amused by thinking or reading.

Symptoms worse after interrupted sleep.

Great disinclination to work and lassitude in the lower limbs.

Depression of spirits, not relieved by work.

Burning sensation, both externally and internally, with chills from face downward and constriction of the chest.

Some of the chest symptoms relieved by sighing and by pressure on the chest with the hands.

Some of the head symptoms increase after going to bed.

Most of the symptoms better when walking out of doors in the open air, when the cool air strikes the uncovered head and face, and worse in a close, hot room.

Faint feeling when in a warm room and standing on the feet.

Aggravation of the symptoms every evening, though the day had been passed comfortably.

The head aches are frontal and temporal, chiefly pressing from within outward; a congested feeling as if the contents would burst through the apertures; worse in the afternoon and evening, and aggravated by pressure.

CHARACTERISTICS.

All the symptoms return again and again, after having disappeared, but diminished in degree at each successive return.

The social and moral conditions are profoundly affected, generally changed to their opposites, though in some instances they seem very contradictory.

The symptoms come on in the afternoon, increase till midnight, then improve. This applies to all except the diarrhoea, which occurs in the morning and forenoon, being peremptory in its calls, resembling in this respect *Sulphur* and *Podophyllum*. The afternoon and night symptoms seem to culminate in morning diarrhoea.

The symptoms are aggravated during repose and thinking about them, and relieved when busy and in the open air.

The mind becomes distraught, memory enfeebled, attention not susceptible of concentration upon any subject. Mistakes are made in conversation, both in words and expressions.

The heart symptoms are prominent; pains dull, pressive and heavy, as if the heart were grasped and released alternately.

Great depression and anxiety; fearful that the symptoms indicate an internal organic disease; very marked in both male and female.

The symptoms connected with the female reproductive organs and the consecutive moral conditions, are very pronounced and peculiar; the ovaries are the seat and origin of peculiar sharp and burning pains; backache; dragging, bearing down sensation in the uterine region, seeming to drag even from the thorax and shoulders, and, at the same time, pressure on the rectum and bladder producing a constant desire to evacuate these viscera as in cases of prolapsus uteri, were very marked and persistent, and physical exploration showed that the uterus was actually prolapsed and anteverted.

For the consecutive moral conditions, see MORAL SYMPTOMS.

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

VERTIGO IN OPEN PLACES.

A Clinical Lecture by Prof. Benedict, of Vienna.

This rare affection exists when persons feel moderately well in the room or in narrow streets, but become immediately dizzy, as soon as they reach a broad street or a larger place, so that they are afraid of falling down, or they are taken with so much anxiety that they dare not pass such a place. When it is possible for them to keep their eyes steady on a certain line, or on a moving object, like a carriage, then it may be possible for them to surmount this difficulty. Like every morbid state, which oppresses constantly the mind of the patient, without reaching a great intensity, it will cause a deep seated melancholy. We now ask ; what is the cause of this affection? That it is only a mere local affection without any deeper lying anatomical disturbance, we may affirm, as it may last for life, without being further complicated. I reason therefore, that the cause of this vertigo lies therein, that when emerging into a large place, a series of objects lying more laterally, produce the picture on the lateral parts of the retina and thus exercise a kind of reflex impulse on the muscles of convergence, and that these impulses prevent the equilibrium, which is present in narrow spaces, and that this disturbance is the cause of the alteration of the muscular consciousness. An abnormal sensitiveness of the lateral parts of the retina is the sole cause, so that unusual sudden impulses are brought about by the sudden appearance of objects, lying so much in a lateral direction. A second cause may be found in a peculiar alteration of the faculty of accommodation, which renders it incapable to work up normally these usually weak impulses, exercised by the lateral pictures on the retina. I felt therefore pleased to bring such a case to my friend, Dr. V. Stellwag.

The patient 22 years old, officer, acknowledges to have been an onanist in his youth; since then he suffers from this local vertigo. Off and on pains in vertex, general irritability, frequent fornication in the tips of fingers, and toes and a sensation of lassitude, sometimes colicky pains, at night pains in the cardiac region and a trembling of the whole body after the use of black coffee. Aggravation in the evening. Prof. Stellwag examined the patient, and found the central and peripheral visual power, as also accommodation normal, but a striking debility in the faculty of convergence and still more in the power to look side ways. Patient already sees the objects double at a lateral motion of 30° whereby the left eye deviates to the outside with twitchings of the eyelids. All this explains, although not fully, the cause of this affection. Lateral pictures produce impulses on the muscles of convergence, which in healthy persons put themselves in an equilibrium with those impulses, and a healthy person is even able to suppress the impulse. Patients suffering from this dizziness, cannot produce this balance and thus they are forced to concentrate their attention on a smaller object, as a carriage, perchance rolling by, in order to restore this balance. Such a state is not innate, as nystagmus, or else when they learn to see, the equilibrium of muscular consciousness would be restored. In an acquired state this is more difficult, as we know from the paralysis of the muscles of the eye. The trace, we thus gain is of great therapeutical value, for we are now sure that a certain insufficiency of the muscles of the eye is the cause of all this trouble. In our case, which is also partially hereditary, as a brother of the patient suffers from epilepsy, I apply the galvanic treatment, as we always do in paralysis of the ocular muscles.

Success crowned this treatment. A year and a half afterwards he was seen again and the vertigo had not returned. Another means for amelioration may be the wearing of spectacles, having on their sides a dark plate of glass.—*All. Wien. Med. Zeit. Oct.*

EDITORIAL NOTE.

Although we do not like to contradict such great authorities, as Profs. Benedict and Stellwag deservedly are, still we cannot consider primarily such a vertigo as a mere local affection, especially when we closely examine all the symptoms of the case. We rather put such a case among the instances of Grauvogl's Carbo nitrogenous constitutions, where we always witness that feeling of anguish in the præcordial region, the periodical ab-

dominal pains and the vertigo, showing clearly that the affection arises in the medulla oblongata, the organ of central co-ordination and *Argentum nitricum* is the remedy for all such cases radically curing such defects and producing a better state of health, than such patient formerly enjoyed. Poor Benedict! Grauvogl published his great work nearly five years ago, and you still walk in the dark!!!

S. L.

ON HYDROTHERAPY IN ABDOMINAL TYPHUS.

BY DR. PREUSS.

1. The temperature is reduced by every bath, more or less, according to the intensity of the fever and the duration and temperature of the bath, and thus the continuous type of the fever, which so quickly consumes the strength of the patient, is changed to an intermittent type, a fever whose ravages the organism can withstand much longer, than the former.

2. The frequency of the pulse is diminished by every bath, even considerably, whereas the tension in the aortic system increases, effectively preventing a paresis of the heart and greatly strengthening the cardiac muscles. Whereas before the bath the first sound of the heart can only be heard as a light murmur, it becomes normal after the bath, and the dirotic pulse changes to a normal one.

3. The somnolence, as well as the other threatening manifestations of collapse become effectively checked, the patient remains perfectly conscious, changes freely his position in bed (of great importance for the prevention of decubitus) and enjoys after every bath a beneficial quiet sleep. The typhomaniac physiognomy is gone.

4. The baths give to the patient permanent appetite, so that he relishes the fluid, easily assimilated, but strengthening nourishment, which he needs for his restoration.

5. Gastric as well as abdominal manifestations quickly disappear after the application of the baths. The tongue becomes clean, appetite returns, at the same time when meteorismus and diarrhœa diminish, and the stool is soon of normal quality (Brand is right in his remark, that hydrotherapy retards or prevents intestinal ulceration and we soon miss in such cases, the characteristic pain at pressure in the ileo-cæcal region.) Water treatment shows no influence on the swelling of the spleen or on albuminuria.

6. The catarrhal state of the lungs disappears as quick as the abdominal symptoms. Against hypostatic pneumonia and colapsus pulmonum we apply energetically cold bath combined with cold wet cloth, applied during the intervals between the baths, and produce thus an energetic action of the capillaries. The patient in the bath-tub is forced to deep and numerous inspirations by reflex action, and it obliges him to change his position and even to walk a few steps to his bath. Frequent anal examinations with the thermometer are also made in all our patients, which also forces them to alter their position.

7. Typhus, a complication of morbid states in different organs, is decidedly shortened in its course by the application of cold baths, and convalescence is therefore more rapid. We have a right to suppose that the large destruction of muscular fibres which is the part cause of such a great prostration, is more or less checked by cold water treatment, a result of the lower temperature.

Of the different modes of applying the cold water, as the full bath, which is gradually made cooler, the rather cool than tepid bath and wet sponging, Dr. Preuss prefers the cold douche from a watering pot, the patient being seated in the empty tub, of about six pails of water, as it runs from the hydrant. Such an application lasts with the intervals between each pail, during which the patient is rubbed by a nurse with the water in the tub, about 15 minutes. If the first pail of water is rapidly thrown over the patient, the impression of the whole manipulation is far less disagreeable. He recommends a bath as soon as the thermometer shows 39 to 40° R (121 to 122 F.) except when the patient slept. Compresses soaked in ice cold water were used during the intervals every 10 minutes, and in dangerous cases still more frequently, over chest and abdomen and the lower extremities, equally often rubbed off with a sponge to prevent a rapid rise of the temperature. During the acme night and day this treatment must be steadily continued.

Brand and others mention numerous and different cutaneous eruptions in form of furuncles (some of them with carbuncular necrotic character or ecthema) pustules and acne vesicles on different parts of the body, especially on the back. This happens at the period of the crises and it does appear probable that the products of the disease discharge themselves through the skin instead of the hitherto usual manner.—*Berliner Wochenschrift*.

NEW REMEDIES BY DR. ROTH OF LONDON.

The Sulpho-Carbolates.—It is well known that Polli 1857 directed the attention of the profession to the use of sulphates in zymotic diseases, and Samson has done good service by uniting these salts with the carbolic acid. He uses *Sulpho-carbolate of Iodium* in doses of 20—30 gr., three times daily for grown persons, even increasing the dose in exceptionable cases to a drachm. It limits in children the growth of the aphthæ (thrush.) In stomatitis with diarrhœa and circular ulcers on the tongue, gums and internal surface of the cheeks; in follicular inflammation and swelling of the tonsils; in gangrenous ulcers of these glands with diphtheritic symptoms, in scarlatina with malignant ulceration of the throat, in enteric fever and tuberculosis he uses this preparation with good success.

Sulpho-Carbolate of Calcium was given in 26 cases of rachitis, with great improvement in 16 cases, (10 appeared perfectly cured) some amelioration in 5 cases, doubtful success in 5 cases. Cod liver oil was combined with the latter cases, in the former the medicine was given alone in 5 gr. doses.

Sulpho-Carbolate of Iron is indicated in general debility of children; some cases of eczema and impetigo improved greatly under its use, also a case of strumous swelling of the cervical glands. Of 10 patients threatened with tuberculosis, 4 were greatly improved, and in 6 cases of tuberculosis improvement followed, less in 7 others, and none in 8 cases.

Chloral.—As a sedative it is used in chorea by Bouchut, in eclampsia by Seydwitz, and Demarquay praises its hypnotic effect. Sir James Simpson remarks, that it eases the pains of labor without preventing the contractions of the uterus, and he knows of no contra-indication to its use. Lambert recommends 15 grs. every $\frac{1}{4}$ hour, till sleep is procured, and labor then progresses; without that the woman wakes up. Oxley recommends it in all cases, where opium is contra-indicated, in general after operations; in neuralgia and angina pectoris, in bronchitis, sleeplessness, Bright's disease, in diseases of the joints. Most observers agree, that it does not suppress the secretions, as opium does, but they rather increase. Murchison and others saw good effects in hooping-cough. Tuke, Clouston and Macleod recommend it in mental diseases, and in general paralysis of patients, suffering from mental diseases. Russell found it useful in the delirium of typhus. In opposition to others, Habershon found that chloral produces congestion of the respiratory organs through the pneumogastric, and it should not be given where the respiratory process is out of order. He gave half a drachm to a patient suffering from aneu-

risma of the aorta, where death was every moment expected, and the following day the patient felt no worse for it. Among its physiological effects are a painful sensation in the epigastrium, nausea, colic and copious perspiration, and Dr. Laborde who proved the remedy on himself, was thus forced to quit his experiment. Dr. Ronayne observed increased appetite in many cases, and does not believe that the absence of pain or the good night rest is the sole cause of the increased appetite in the morning. He got excellent results in the labored cough of bronchitis and phthisis, where opium, conium and hydrocyanic acid failed. Dr. Taylor reports in a letter to Sir James Simpson, about a patient suffering from congestive bronchitis with spitting of blood; if I compare the extremely painful and audible breathing during the last night with the quiet sleep and improved state of the patient to-day, I necessarily come to the conclusion, that chloral exercises a directly quieting influence on all respiratory organs.

The quantity of expectoration in chest diseases will be diminished, and its quality changed; the hard and difficult cough becomes less frequent, the strength of the already weakened patient is saved, and thus his life prolonged. In asthma its efficacy borders on the miraculous. In hard cases, where the nightly paroxysms are very severe, and the suffering patient bent forward, can hardly catch his breath, a dose of chloral given at the right time, prevents the paroxysm and diminishes the spasm when already set in, so that the patient may again lie down and enjoy his night's rest. Neither stramonium, lobelia, nor any other antispasmodic produces such an effect; the colliquative diarrhœa of phthisical patients is also considerably ameliorated by it.—*Dr. Ronayne in Medical Press and Circular.*

Belladonna.—Our allopathic friends use frequently homœopathic remedies without giving credit to the source whence they learn their use. So Mr. Streeter in London publishes a case of enuresis nocturna. A boy 17 years old, suffered for four years from it, and was cured by Tinct. Bellad., 4 drops three times a day. The dose was afterwards reduced to two drops. Mr. de Merie affirms this action of Belladonna as he has cured several cases with extremely small doses of Belladonna.

Bebeerina.—Dr. Merrill uses this remedy in uterine troubles: hyperæmia and morbid hypertrophy of the uterus are frequently cured by it.

Cantharis.—Dr. Reynolds of San Francisco, prefers blisters, one inch wide, to iodine and nitrate of silver, in order to keep erysipela from spreading.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN N. Y., EDITOR.

CEREBRO-SPINAL MENINGITIS.

J. P. SILSBY, M. D., PINCKNEY MICH.

March 24th, Miss A., æt. 17 years, was attacked with severe chill, in the evening of 21st inst. In about an hour the chill was thought to be passing off, but the feet remained cold, and the lower extremities also soon became very cold again. Headache severe. Next A. M. the head felt better, with slight pain in back. She felt at times better and again worse, until noon of to-day, when all her symptoms became rapidly worse. Saw her first about nine this evening and found her with the following symptoms :

Severe pain in head, extending along the base of brain, from the occiput to forehead ; tongue moist and covered with thin light colored fur ; it trembled when protruded ; pain in back ; and, she says darts of pain from the back to the head. She drinks often, but only little at a time. Eyes are slightly injected ; has an anxious look, very much resembling the appearance of a typhoid patient, breathes short ; the lungs seeming to be imperfectly filled ; slight cough ; intense pain in umbilical region, which darts to the back. Occasionally feels a sensation of nausea, but is unable to vomit. Pressure along the 2nd, 3rd and 4th lumbar vertebræ, gives intense pain, worse on left side of spine. Bowels constipated ; limbs ache and are cold. Scarlet irregular spots, appear on the latter, changing to a bluish color when exposed to the air. Says she feels tired, as if she had been running. Pulse 110 and full. Gave Bromide Potassa 60 grs. in $\frac{1}{2}$ gill water ; two teaspoonfuls every half hour for four hours. Gelsemium \varnothing 30 drops in a glass $\frac{1}{4}$ full of water ; a teaspoonful in alternation with the Potassa, every hour after four hours.

March 25th—The patient has slept well during night ; pain returning on waking ; symptoms but slightly changed.

March 25th—Nine o'clock in the evening, symptoms worse since noon. Terrible pain in abdomen ; less pain in head ; bowels constipated ; voids urine, highly colored, freely ; throat sore ; spots on limbs less livid ; great heat in lumbar vertebræ ;

pulse, as at first. Bromide Potassa 20 grs. every hour, *Cimicifuga* 40 drops every half hour for 3 hours. She then said she was sleepy, and in a few minutes fell into a quiet sleep. She was still sleeping when I left in the morning. *Cimicifuga* to be continued, 20 drops every hour, Potassa 60 grs. in $\frac{1}{4}$ gill water; a teaspoonful every $\frac{1}{2}$ hour if very nervous; to be discontinued until next visit if nervous system is quiet.

March 26th p. m.—Found her sitting in an easy chair, evidently under extreme nervous excitement. She slept until 7 o'clock a. m., said she felt better when she awoke, but in a short time she experienced shocks similar to those produced by an electric battery, extending from the lumbar vertebræ to the toes. A short time previous to my call, she fell into a quiet slumber of a few moments duration, and then began snoring very loud—a thing very unusual for her in health. Her head soon began to be drawn back, and she became rigid; her hands clenched; toes drawn down and breathing labored. She remained in this condition for several minutes. When consciousness began to return, she screamed and began to choke, her mouth filling with a greenish offensive froth. As soon as she gained control of her limbs, she bounded from the bed and would not return until my arrival. I found her with the following symptoms: severe pain in forehead, and back of the head; pupils dilated; sclerótica injected; spine very tender, and the least jar gives intense pain, extending to the base of the brain; feet still cold; neck stiff, bowels constipated; pulse 120, and full. Continue *Cimicifuga* and Potassa as before. Nux to be given three times a day, in place of the Potassa.

March 27th a. m.—Found her sleeping; had had two spasms yesterday; bowels still constipated; feet warm; pulse 90; spine less sensitive; headache continues; throat sore; stiffness less troublesome; left side affected more than right; slept well last night; spots disappearing. Continue treatment as before.

March 28th, a. m.—No more spasms; slight movement of bowels; pupils normal; fur on the tongue changed to yellow, possibly from vomiting of bile; pulse 110, rather full; can get no answer to questions; opens the eyes with difficulty; moans occasionally; bowels tender; feels every jar however slight; occasional shocks since yesterday. Ordered Nux whenever shocks occurred and Morphia if stupor increased. *Cimicifuga* as before. Potassa once in three hours.

March 29th—Slept all night; pupils normal; sclerótica slightly injected; pulse 90; tongue improving; shocks seldom felt; tenderness of abdomen less and confined to left side. Continue *Cimicifuga* every hour; Potassa discontinued, unless nervous excitement gives trouble; Nux occasionally.

March 30th—Slept all night; became restless yesterday

afternoon ; wished to sit up ; has been in easy chair twice to-day ; appears foolish ; tongue drawn to the left side of the mouth ; protrudes it with difficulty ; organs of speech paralysed ; gave signs that she could hear ; gave me to understand that an effort to speak gave pain in throat and chest, and that she felt sick when lying down ; fever nearly gone. Discontinued Nux and Potassa. *Cimicifuga* 4 times a day.

March 31st a. m.—Symptoms all favorable ; speaks a few words. Continued the *Cimicifuga* twice a day for a few days, and dismissed the case.

REMARKS BY THE EDITOR.

The above bad model of a bad case we publish for several reasons. We beg the Doctor's pardon, but it is so remarkable in many of its particulars, that we were at first inclined to think that he was attempting to get a practical joke upon us, by the narration of something entirely apochryphal, and again we almost concluded that he had intended it for the columns of some allopathic periodical.

However, we concluded to give it a place, on the basis of its truth (we again beg pardon, we have not the pleasure of Dr. Silsby's acquaintance), and make it a text for a few remarks.

The case was evidently one of no mean severity ; and as "the proof of the pudding is in the eating," all must acknowledge that the recovery was unusually speedy—ten days covering the entire course of the disease.

In regard to the treatment, we wish the Doctor had been more explicit in his statement of doses. No mention whatever is made of the strength of the Nux which was used, and that of the *Cimicifuga* is omitted towards the close.

We presume every reader will recognise the fact that the treatment so far as the Bromide is concerned, was wholly allopathic. This remedy, in the doses in which it was administered, is purely sedative or anodyne in its action. It cannot be shown to be homœopathic to the condition of this patient, in any light, nor by any logic.

With *Cimicifuga* the case is different. We believe we were the first * to point out its relations to this disease. We still believe it to be strictly homœopathic to such conditions. But the mystery is how this patient could have taken twenty drops of the tincture every hour, and even every half hour, without fearful aggravation

*See Vol. 3, Trans. N. Y. State Hom. Med. Soc., 1865.

of her suffering. So far as we can judge it did aggravate her condition at first, in some respects, at least, and we are quite certain, from our experience, that such doses were entirely unnecessary.

How far the action of the Bromide may have counteracted the effect of the *Cimicifuga* we cannot say. Certainly, however, the well understood benumbing, stupefying influence of the former upon the peripheral, and probably upon the central, nervous system, would be quite likely to limit the effect of the latter.

We feel quite sure that if the Doctor, or any other man, will take twenty drops of the tincture of *Cimicifuga* every hour for a few days, he will find himself at the end, anything but convalescent, and quite inclined to diminish that dose in the treatment of the sick.

We have obtained prompt and very gratifying results from the use of *Cimicifuga*, in this form of disease, but have never given more than a single teaspoonful of a solution of five drops of the tincture to a half glass of water.

In spite of the happy and speedy recovery of this patient staring us in the face, we must say that the polypharmacy, indulged in by the Doctor, renders his case almost entirely un instructive to the homœopathist. We must consider such treatment not only extremely hazardous, unhomœopathic, and unscientific, but one which we trust the Doctor, if he claims to be a homœopath, seldom indulges in, as well as one in which we hope no one will imitate him.

W. S. S.

HELMINTHIASIS.

F. B. SMITH, M. D., OWOSSO, MICH.

August 10th I was called in haste to see the little son of E. T. Zimmerman whom I found with the following symptoms: Has had chill, convulsions and fever every afternoon for ten days. Has been under allopathic treatment without benefit from the beginning. The chill is followed by from one to three convulsions and high fever. Heat mostly in the face and head; pain in the stomach and abdomen; pupils somewhat enlarged; constant rubbing of the nose; restless sleep with grinding of the teeth; sudden starts; abdomen bloated. I gave *Cina* 200 in water a teaspoonful to be taken every two hours.

August 17. Patient much better, gave *Sach. lact.*

August 18. Patient still improving. Has had no more chills nor convulsions.

August 19. Patient dismissed.

Those who have been in the habit of giving *Cina* in the lower dilutions will be much surprised to see how much better the 200 will do the business in all cases where *Cina* is indicated.

Book Notices, etc.

A DICTIONARY OF THE ENGLISH LANGUAGE, BY JOSEPH WORCESTER, L. L. D.
Published by Messrs. Brewer & Tileston, Boston, Mass.

Our attachment to Webster does not hinder us from recognizing the merits of the dictionary of Dr. Worcester. In etymology, orthography and pronunciation, it is clear and accurate.

Editors "*New York Evening Post*" say of this work;—"We have received from Messrs. Brewer & Tileston, of Boston, "*A Dictionary of the English Language*, by Joseph E. Worcester, L. L. D.," in a magnificent quarto volume of 1,854 pages. The first appearance of this work, ten years ago, was an era in English lexicography.

It was the first English dictionary which had any claim to be regarded as a presentation of our entire mother tongue, as it exists in the speech and literature of this century, as a fact, and apart from all theories and devices for improving it. In this point of view it was welcomed heartily by scholars, and through their influence rapidly gained favor among the people, so that it became almost at once the generally acknowledged standard of correctness, both in writing and in speaking, both for the form and for the meaning of words. It has now been long enough in use, by thousands of critical minds, to have been tested thoroughly at every point; and it is saying far less than might be sustained to say that it has fully maintained its pre-eminence.

A detailed review of such a work is of course impossible here, and could only be undertaken properly by one who should carefully revise it for a new edition. Such a revision will be needed at no distant day; for although there is no point in which the superiority of this to every other English dictionary is more unquestionable than in its etymology, yet the more careful and thorough study of this subject in late years has created a demand for still more scientific and accurate digest of the results already obtained. Many of the etymologies here given are incomplete or unsatisfactory; some, but very few, can be positively called erroneous. But the true value of such an etymological account of each word as can be given by a general dictionary of the language does not seem to have been kept clearly in view. Thus

curious analogies, speculative derivations, and isolated comparative forms in sister tongues have a very limited value indeed in such a work. The object ought to be to give, in the most general outlines, the history of the word; indicating, in the rough at least, how it came to have the form and meaning it bears.

Dr. Worcester's book is always suggestive and interesting on this head; often full and accurate, but it is still far beyond the ideal of an English Lexicon; and much labor must be given to the incorporation in it of the best results reached by recent students of the language, before we have in English a work which can rank with the best dictionaries of the classical tongues, or even with those of the French and German.

But the practical value of such work depends more upon other features than upon its etymology. It is consulted, in nineteen cases out of twenty, to determine either the meaning, the spelling or pronunciation of a word.

In the first of these uses, definition, Dr. Worcester's dictionary has a formidable rival in the later improved editions of that of his predecessor, Dr. Noah Webster. There are a great many words, to a critical mind, better defined in the latter work; which, indeed, exhibits throughout much more ingenuity in detecting and exposing shades of meaning. This ingenuity, however, too often finds distinctions where none exist in usage itself; and, at best, becomes tiresome, if followed for a time in practical use, while in a familiar acquaintance with Dr. Worcester's work from the time of its first appearance, we have found it in scarcely an instance wanting in any good meaning of a good word.

In spelling and pronunciation this book stands alone. There is nothing with which it can fairly be compared, for there is no other known in this country approaching it in comprehensiveness, which has any claim to authority in these respects. Without opening in this paper a controversy which can, at best, be interesting to but a small part of its readers, it is fair to say that a dictionary of any living language ought rather to represent what it is, than what it tends to become; ought to be a conservative power in it, rather than a radical one. It is the business of the faithful lexicographer to report the facts, and if he mixes up his own theories with his report, he diminishes its value and destroys its authority. Dr. Worcester's aim has been to present the form of words, both as written and as spoken, according to the preponderance of usage among the best writers and speakers; and where that usage is divided, to say so without attempting to turn the scale. This work he has done incomparably better than any one else before him or since; and until that distant day when some able scholar with a still longer life and still greater industry, if these be possible, or at least with more numerous and efficient assistants, shall have devoted incredible labor to the production of a more complete one, his dictionary is likely to remain in substance the standard of the English Language.

SATAN IN SOCIETY. By a Physician, Chicago, J. S. Goodman & Co. 1871.

For the last two years a certain class of sensation authors have delighted to write volumes relating to sexual subjects. The origin of this pernicious literature was in France, that now unhappy country which appears to be suffering from the results of years of debauchery, and all forms of moral degradation.

The book with the above title is in close imitation of works such as those to which we have alluded, but it "out Herods Herod." And where other authors were cautious and ambiguous, this "physician" glories in the shame of writing words and phrases which others dared not use.

He gives as a reason why he writes anonymously: "we were determined from the first to withhold our name, though in opposition, to the request of our publishers, and the wishes of many esteemed friends." We are in a position to know that this statement should be qualified. Not only did the writer take no pains to conceal his name, but he read his M.S. to very many of his acquaintances, until at this writing there are few persons here who do not know him to be the author, by his own confession.

The author also says that if he was known as the author "people would recognize characters" and "We greatly fear lest the confidence and confessions so lavishly bestowed upon us in the long past, would be less freely given in the shorter future." To all of which we have to say, that the physician who will reveal, in regard to his patients, certain statements and incidents mentioned in this book, ought to be forever banished from *good* society, and even from that society wherein Satan and the author appear to revel with such infinite nastiness. But he evidently fears such a result, for in another place he says, "we rejoice in the love and esteem of those by whom we are surrounded, and with whom we are in daily contact. *All would be changed* if we were publicly known as the author of this book." Yet such is the overweening vanity of the 'author' that he could not keep his incognito, but must proclaim it where he knew it would be publicly known.

As to the *contents* of the book we will not disgust our readers by enumerating the subjects treated of. A few may be mentioned, as mildly indicating the rest, "Popular Authors on the Wedding Night," "Patent contrivances to prevent conception," "Onanists and Roues," "Stimulants and sexual instinct," "Boys and girls sleeping in the same room and bed," "Privileges of

acknowledged Lovers," "Men not reformed but women debased by the ballot," Spiritual children of old maids," Male and Female Onanism," "Double Onanism, Husband and wife both guilty." We might go on enumerating these disgusting subjects *ad nauseam*, but will forbear.

We have read, or tried to read some of the sensational books of this class, but do not remember having seen in any so vile a chapter as the one entitled "Physiology of Marriage." In this the author would have us believe that nine tenths of the husbands *violated* their wives and outraged their bodies on the marriage night, and that this brutality was the cause of the "fall of married women," and conveys the idea that the wife is so disgusted that she thereupon seeks for a "lover" who "triumphs" on account of the husbands sensuality. Surely satan himself must have prompted this outrageous slander on women. This whole chapter is filled with such lies as would make the angels weep that any person having the form of man could deliberately pen them.

More than this if we were to believe what the author implies children are onanists at the breast; girls and boys occupy most of their time when in boarding schools and elsewhere, in masturbating; and even continue this disgusting act throughout youth and age, marriage not arresting it.

But perhaps the worst feature of the whole book is the religious cant that pervades it. It is positively sickening and blasphemous, especially to those who know the peculiar tastes and habits of the author, who has not the slightest pure, real, religious sentiment. We regret to see that a few religious papers attracted by a few pages selected for their perusal, have inadvertantly noticed the book favorably. Others on the contrary have refused to notice it at all.

To show that our estimate of the book is not a biased one, we refer to the author's own pleading for "fair criticism." And here we will say that this plea comes with ill grace from a man who wilfully falsifies and misquotes authorities to enable him to sustain, what appear to be, infernal and malicious assertions.

We offer the following from the "*Chicago Tribune*" as the estimate of one of the best of the daily papers in the west. Other prominent newspapers are more severe than this:

"We cannot but regret the appearance of this book, "Satan in Society." Although honest in intention, and skillfully written,

it can only do more harm than good, The public exposition of the practices of society, typified by the diabolical title of the book, especially when dressed up in the garb which a physician of high repute and large practice can give it, subserves no useful purpose. It only tends to pique curiosity, to inform the previously ignorant, and to make those already acquainted still more conversant with the details of the practices which it condemns. The general contents of the book may be strictly true, although we are loth to believe that such a frightful state of private immorality exists in the community, especially in the female portion of it. But, granting that society is just as immoral in its private life as this author would have us believe, there is even then no justification for the publication of much of the matter contained in this book. To the pure all things are pure, of course, but to the impure, "Satan in Society" comes with indirect inducements for at least a continuance of that impurity, if not a more detailed acquaintance with it. We have no desire to specify the contents of the book, in fact, could not do so in the columns of a public newspaper, and we cannot conscientiously recommend it as a book for general reading, at the same time reserving the opinion that the book has been conscientiously written, and that the treatment of the topics shows an intimate knowledge of them."

A prominent and pure minded clergyman said to the writer, "It is written from Satan's own promptings, and no decent person should *touch* it."

One of our oldest and best physicians in the west remarked, "It is the vilest book I ever saw or heard of." Another physician whose practice includes a large portion of the higher circles of a great city, said "It may be the exposé of the society with which that 'physician' is intimate, but not of any other." A prominent Medical Journal, (The Chicago Medical Journal) denounces it as an unmitigated imposition and "the culminating atrocity of the medical profession."

That the book will *sell* we do not doubt. It will be read by roués, debauchées, low, and sensual men and women, but how any class except the most prurient can read it with any satisfaction, is beyond our comprehension. H.

LITTELL'S LIVING AGE.

No. 1407 and 1408, of *The Living Age*, for the weeks ending respectively May 20, and 27, contain Lord Broughton's Recollec-

tions of a Long Life, *Edinburgh Review*; Thomas Hood, *Westminster Review*; In Quest of Diamonds (A Journey to the South African Diamond Fields), *Cornhill Magazine*; The Æsthetics of Human Character, *Fortnightly Review*, "Queer Jean," by the author of "Peasants Life in the North," *Good Words*; On Mosaic, *Argosy*; The Emotion of Conviction, *Contemporary Review*; The New Forest, A Sketch, *Fortnightly Review*; The excommunication of Dr. Dollinger, *Pall Mall Gazette*; The Programme of the Commune, *Saturday Review*; Federalism and France, *Spectator*; The German Upper House, *Spectator*; The Roumanian Difficulty, *Examiner*; the continuation of "Seed-Time and Harvest, or During My Apprenticeship," translated from the *Platt Deutsch*; of the favorite German author, Fritz Reuter: etc., etc.

The Living Age is also publishing serial stories by the author of "John Halifax, Gentleman," and by George MacDonald.

The subscription price of this 64 page weekly magazine is \$8 a year, or for \$10 any one of the American \$4 magazines is sent with *The Living Age* for a year. LITTELL & GAY, Boston, Publishers.

THE PHRENOLOGICAL JOURNAL, S. R. Wells, 389 Broadway, N. Y.

June No. is a good specimen of this vigorous and lively, monthly; it contains sketches on John Simmons, Founder of the Woman's College; Pursuits requiring strength; How my future was revealed to me; Man, his Origin and Development; Equal Pay for Equal Labor; Mixed Marriages—Jews and Christians; The Man about Town; Taste and Economy in Dress; Food for Thinkers and Workers; In the Mammoth Cave; J. M. Hutchings, of Yosemite Valley; Criminals, how to Treat and Reform Them; The Means and the Object of Education; My Captivity among the Indians; The Traveller. With portraits and other illustrations—Price 30 cts. The July number commences a new volume, so that the present is the time to subscribe, \$3 a year.

THE AMERICAN JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

This excellent quarterly is now published by Messrs. Wm. Baldwin & Co. of New York, at \$5 per year. Single nos., \$1.50.

The May number commences the fourth vol. It contains 192 pages. About two thirds of the journal is filled with choice original communication: then we have the transactions of the New York Obstetrical Society; transactions of the Philadelphia Obstetrical Society; quarterly report of Obstetrics, and diseases of women and children; reviews and notices of books.

Homœopathic Intelligence, etc.

American Institute of Homœopathy.—Twenty-eighth Anniversary, to be held in Philadelphia, June 6th, 7th, 8th and 9th, 1871.

Time and Place of Meeting.—The sessions of the Institute will be held on the 6th, 7th, 8th and 9th of June, 1871, in the Hall of the Mercantile Library Association, on Tenth street, west side, north of Chestnut, one square from the Continental Hotel.

It is proposed by the Executive Committee that there shall be but one business session of the Institute each day, viz.: from 10 A. M. to 3 P. M., (subject to the action of the Institute.) Opportunity will be thereby afforded the members to visit the Institutions of Philadelphia, to which they will be invited.

The Preliminary Meeting—Or Initiatory Levee, will be held on Monday Evening, June 5th, at the residence of CONSTANTINE HERING, M. D., 112 & 114 North Twelfth street, north of Arch. At this meeting the members will be entertained by Dr. and Mrs. Hering, and will have an opportunity of exchanging friendly greetings, making new acquaintances, and renewing old ones.

The Annual Address will be delivered on Tuesday Evening, June 6th, at eight o'clock, by T. P. WILSON, M. D., of Cleveland O., at the American Academy of Music, S. W. corner of Broad and Locust street. On that occasion, also, Dr. CHAS. H. HÆSELER will read an original Poem.

A Grand Dress Levee given in honor of the American Institute of Homœopathy by the Homœopathic Medical Society of Pennsylvania, will be held at Musical Fund Hall, Locust street, south side between Eighth and Ninth streets, on Wednesday Evening, June 7th. Members are particularly requested to bring their ladies to this entertainment.

A Banquet will be given by the Physicians of Philadelphia to the members of the Institute and their ladies, at the Continental Hotel on Thursday Evening June 8th.

Railroads.—The Executive Committee are happy to announce that they have effected arrangements with the Pennsylvania Central and Philadelphia and Erie Rail Roads, and all their connections whereby Excursion Tickets, good from June first to twentieth inclusive, may be obtained by members of the Institute, at two-thirds rates. Orders to procure Excursion Tickets will be sent to members, on application to W. M. WILLIAMSON, M. D., 29 North Eleventh street, Philadelphia. The members of the Institute and their ladies will be invited, during their stay in Philadelphia, to a ride through Fairmount

Park, and will visit Independence Hall, and be received by the Mayor of Philadelphia, on Wednesday morning, at 9 o'clock.

Headquarters—Will be at the Continental Hotel. S. E. corner of Ninth and Chestnut street. Regular Board, \$4.50 per day; to members of Institute, \$4.00.

It is the earnest desire of the Executive Committee to furnish the most complete information to members of the Institute, and to make them in every way comfortable during their visit to Philadelphia. Letters addressed to either of the undersigned will meet a prompt response.

Members wishing to have rooms engaged at the Continental Hotel, or elsewhere, should address the Secretary of the Committee.

Henry N. Guernsey, 1423 Chestnut street, *Chairman*; Robert J. McClatchey, 918 North Tenth St., *Secretary*; Bushrod W. James, 1821 Green Street, *Treasurer*; O. B. Gause, N. W. Corner Twelfth and Arch Streets; A. R. Thomas, 937 Spruce Street; Thomas Moore, 110 Tulphocken Street, Germantown; W. M. Williamson, 29 North Eleventh Street, Executive Committee of the Com. of Arr.

The Homœopathic Hospital of Boston Mass.—"The efforts of the homœopathic physicians of the city and of many other citizens of Boston who approve and patronize that system of medicine to establish in the city a public hospital, have recently been crowned with success. At the building, No. 14 Burroughs place, the homœopathists of Boston have opened a small, well-furnished establishment into which patients are received and treated in accordance with the principles of that school of medicine. The hospital was chartered some twelve years ago. For ten years the project slumbered, but it was revived last year, and from that time several of the leading physicians have labored most assiduously to perfect the arrangements for the establishment. It was opened at the building referred to on the 23 of January. Quite a number of patients have already been received, and the hospital seems to be in successful operation, and in a fair way to do a great amount of good. As long ago as 1859, a fair was held in Music Hall for the benefit of the homœopathic dispensary, then recently organized, and several thousand dollars were obtained. This sum was placed at interest by the officers, and accumulated to a considerably larger sum, until a few months ago it was devoted to the purchase of the building referred to, whither the dispensary has now been removed. A pleasant room, which is convenient of access from the street, has been fitted up in the basement for this purpose, while the remainder of the building, which is four stories in height, is used for hospital purposes. It is of interest to note that this arrangement is a temporary one, and that when, by the generosity of the patrons of homœopathy in the city, the hospital shall receive a larger support, it will be removed to a building erected for it, perhaps in some other part of the city. The present building

ing answers admirably for a beginning. It is the last house in the block on the right hand side of Burroughs place, having windows in the northerly side as well as in the front and rear. The dispensary occupies only one room in the basement, and the remaining apartments are used for a kitchen, dining-room, store-room, &c. The first story is divided into a reception-room and ward-room. The former is an elegantly furnished apartment at the end of the corridor, into which all visitors and applicants for medical service are ushered, and where all business connected with the hospital is transacted. The furniture is solid black-walnut, the carpet is a handsome specimen of Brussels manufacture, several pictures adorn the walls, and the appearance of the room is very neat and inviting. In front is the largest ward-room of the hospital. It contains eight beds, and is well supplied with hospital furniture and conveniences. The beds are of the kind commonly found in hospitals, and all the bedding is new and of the very best quality. The next floor is divided into a large room with four beds, a neatly furnished apartment for the matron, and a bath-room. In the third story there are two large rooms, one of which is fitted up with much taste and at a good deal of cost by the Swedenborgian society of this city for the reception of paying patients. The other large room contains two beds for patients, and there are three small rooms, one of which is for the use of the house physician and two for patients. In the fourth story there are several rooms for the use of domestics and for storage purposes. There are seventeen beds in all for the use of patients, and this is the limit of accommodations in the present building. The Ladies Aid Association has fitted up the hospital at a cost of about \$2,000, and in many ways contributed to its funds. Already, besides the payment of current expenses, some \$13,000 have been obtained as the nucleus of a permanent fund, which it is hoped may be increased to \$100,000 when the hospital will be well provided for and prepared to removed to more spacious quarters. Everything about the hospital is so nice and neat that one is tempted to call it a home rather than a hospital, and the ladies who have done and are doing so much toward its establishment, and the physicians who are gratuitously devoting a good deal of time to the treatment of patients and the general maintenance of the hospital, are certainly doing a very noble and benevolent work. Dr. Charles G. Brooks has been appointed hospital physician, and has taken up his residence in the building. An efficient matron has been secured, and all the arrangements are now pretty well completed. The most striking impression which the visitor receives is that of the rigorous and perfect cleanliness which is noticed on every hand. The gentlemen have charge of the medical department, and who serve three months each in order named, are Dr. J. H. Woodbury, Dr. E. B. de Gersdorff, Dr. C. Wesselhoeft and Dr. Henry Ahlborn; surgeon, Dr. I. T. Talbot; oculist and aurist, Dr. H. C. Angell. Colonel Henry S. Russell is president of the corporation, which numbers many prominent

citizens among its members. Already there have been a large number of applications for treatment, and at the rate at which the number is increasing the hospital will soon be full."

Baltimore is reaching out to secure her share of the traffic of the new and productive region now being developed by the construction of the Northern Pacific Railroad. The following editorial paragraph, published in the *Baltimore Gazette*, of a recent date, and based upon the statements of President Garrett of the Baltimore & Ohio Railroad, gives an authentic outline of the new combination.

One of the immediate effects, we are assured, of the ratification of the High Commission Treaty, and of the free navigation of the Northern lakes and canals, will be the establishment, of a line of steamers, by Mr. ALLAN, proprietor of the Baltimore and Liverpool line, from Duluth, at the head of Lake Superior, to Sandusky, Ohio, where they will connect with the Lake Erie Division of the Baltimore & Ohio Railroad. Although Duluth is, as yet, a small town, it is the terminus of the Northern Pacific Railroad, which will be the great carrying agent for the grain trade of the new Northwestern States, and which will have five hundred miles of road in operation before the close of the present season. By this water line of about eight hundred miles, grain can be loaded from the upper portions of Wisconsin and Minnesota as rapidly and as cheaply at Sandusky as at Chicago. This will give Baltimore an immense and indeed controlling advantage over a trade which promises to become very large. The new line will of course, be run in connection with Mr. ALLAN'S Liverpool steamers, and Baltimore will be the port of export and entry for an important territory, which is every day growing in population, production and wealth.

Diphtheria in Germany.—The *Med. Cent. Zeit.*, of Berlin, says that this complaint is raging extensively in that capital, attacking both young and old. Many cases have been observed in the military hospitals.

Sciatica.—Dr. R. Tallmadge writes: I have an obstinate case of sciatica, a young man 19, scrofulous diathesis. There is no swelling but the limb is perfectly immovable except with excruciating pain in the course of the nerve. He has been in bed for six weeks, and now has bed sores which resist all the usual remedies for them. I have tried nearly all the remedies usually prescribed from the 6th to tinctures, and no relief is obtained except through large doses of Sul. Morph. Is there any remedy for his case?

Regular.—Will the editor of Detroit paper who says that a homœopath has been employed as physician to Michigan State Prison in place of a *regular*, tell us why he calls the allopaths regulars? Has the regularity of their destructiveness anything to do with it?

Miscellanea.

LILIUM TIGRINUM.

Note by the Editor of Mat. Med. Department.

The magnificent proving of *Lilium* printed in this number will always stand as a proud monument of the indefatigable energy and industry of homœopathic physicians. It brings into practical use another valuable agent for the alleviation and cure of disease. It is with the deepest regret therefore that we have to find any fault with the work. We feel obliged to mention it, however, because it is about the only blemish which mars the completeness of the pathogenesis. We allude to the *omission of any physical examination of those persons who complain of prominent heart symptoms*. This omission was unexpected, unpardonable and unnecessary. If the female patient could be examined for uterine conditions, why could not a physical examination of the heart have been instituted? In the present condition of our heart-remedies this neglect is the more to be regretted. The neglect of the provers of *Cactus* to make any examination of the heart is a matter of sincere regret, often expressed by our first physicians. In view of this it seems inexplicable that those physicians having in charge the provers of *Lilium* should not have tried to give the symptoms a more definite pathological connection.

We have carefully studied the symptoms, but cannot venture to give any positive diagnosis of the pathological condition present in the provers. We do not know whether the heart beat with increased *force*—greater impulse—or whether the increased *action* was due to excitement, with weakness of the heart-muscles. We do not know if any abnormal *sounds* were present. If the medicine was capable of causing changes in the structure of the uterus, why not in the heart, or its *valves*.

All we can do now, is simply to *surmise* that the heart symptoms were probably in part due to reflex irritation, transmitted from the genital organs to the heart. We believe, however, that *Lilium* has some specific effect on the heart, because the male provers had equally some heart symptoms. Judging from the symptoms, the *Lilium* may prove useful in incipient hyper-

trophy with enlargement (its primary action); also for hypertrophy with dilatation (secondary.) It may be of value in angina pectoris, cardiac myalgia, and reflex nervous derangement of the cardiac nerves. It may be found useful in some of the conditions due to valvular diseases, but in the absence of any *physical* or objective symptoms, new provings having those symptoms will have to be instituted before the remedy will occupy a definite place among cardiac remedies. E. M. H.

A HOMILY FOR THE HOMŒOPATHS.

BY DR. NICHOL, OF MONTREAL, CANADA.

I.

*"Wherefore, * * let us lay aside every weight, and the sin which doth so easily beset us, and let us run with patience the race that is set before us."*

In the February number of the "Eclectic Medical Journal," Prof. John M. Scudder reads the school which he ornaments, a homily on their besetting sins, from this text.* Among the incubi he points out Thompsonianism—the idea that a doctor can be grown from a twenty-five dollar patented book and a few herbs, without any education, save a leading out of the mind in the direction of cursing the Old School. Next he glances at the crowd of parasites who commenced practice on the strength of possessing that refreshing work—"Beach's Family Practice"—then the defective elementary education of the students—the low grade of the Medical Colleges that started up, mushroom-like, to supply the demand for eclectic physicians—the miserable fallacy of making a specialty of chronic diseases before the diploma is a year old—the plague of cancer-curing—the cursing, with more than Thompsonian vehemence, of the Old School—all these are discussed with the *bonhomie* which characterizes the able writer and he thus concludes:—"But one asks, had these things not better be covered up? Are you not giving our Old School friends a whip to scourge us? My dear sir, our Old School neighbors have enough to do to take care of their own household as have our homœopathic friends, and if we wait till they have purged themselves we need fear no annoyance for years to come." Undoubtedly we have, and I desire, antiphon fashion, to take up the parable from the homœopathic side and consider a few of *our* besetting sins.

*Incorrectly quoted, however, by Prof. Scudder.

But first let me speak of a few of the burdens which we *have* laid down. And, to begin with, let me speak of the tradition or idea, once widely diffused both in the profession and the people but now most thoroughly exploded, that no one save Hahnemann's countrymen could properly master the system of Hahnemann. As well say that because Napier, of Marchiston, invented Logarithms that *therefore* none but my pawky countrymen could fathom the mysteries of that particular branch of mathematics. I do not desire to undervalue the German practitioners—on the contrary, I highly appreciate their plodding, painstaking perseverance, especially in the study of our *Materia Medica*—but I have been unable to see any superiority which they possess over other nationalities. Possibly they would appear to more advantage if, as a body, they were more thoroughly drilled and disciplined, but the fact is, I have met so many German practitioners who were Doctors *Dei Gratia*, grossly ignorant of Anatomy, Pathology, and especially of Surgery, that I have always felt inclined to put them comparatively low in the scale. As I am speaking of nationality, I will say that, intensely British as I am, I am free to admit that the keen incisive American mind leads the Homœopathy of the world and commands the respect of every impartial observer. It proves more remedies, instructs more students, founds more colleges and hospitals, and fights for the *Similia* more strenuously, and sees its future more clearly than any other national mind under the canopy of heaven. What prover of these later days equals William Henry Burt? None since the days of Hahnemann. What work on *Materia Medica* equals “the *Materia Medica* of the New Remedies,” that grand production of Edwin M. Hale's genius? None since the publication of the *Materia Medica Pura* itself. Mr. Editor, the future of Homœopathy is on this continent. I would have been glad if I could have awarded the palm of excellence to my countrymen, but English Homœopathy smells of the pill box, and I rejoice that in all particulars the homœopathic physicians of Canada are one with those of the United States.

We have got rid of still another piece of pernicious nonsense within the past twelve or fifteen years and that was that a “Converted Allopath” was superior to an “Original Homœopath.” *Why* the assumption was made is not very clear, that it was made is simple matter of fact. For some mysterious reason a graduate of the Jefferson, or College of Physicians and Surgeons

of New York claimed, and was conceded, higher rank than the Alumni of Philadelphia and Cleveland—the only homœopathic colleges then in existence. Curiously enough, they claimed that they were superior, not merely in surgery and the fundamental medical studies, but also in the distinctively homœopathic studies—Materia Medica, Therapeutics, and the Institutes of Homœopathy. If the graduates of American Colleges claimed superiority, what was the position of the fortunate mortal who could write “M. R. C. S. England”—or some other cabalistic signs denoting British medical standing—after his name? “*Mortal*” did I say? They seemed to feel themselves more than mortal, and acted as if they were a connecting link between men and angels. The truth is that many of these wondrous wise gentlemen—notably the “M. R. C. S. England”—pass a dubious examination in Anatomy, Physiology and Surgery, to which the outlines of Pathological Anatomy have been added within the past few years. I always took the ground—and the great body of American homœopathic physicians now hold the same position—that a physician who feels called to expound the *Similia* should study homœopathy in a homœopathic college; and that as thorough an education can be had in our homœopathic schools as in any medical college on this continent—or any other continent or island either. Does a man who is called to the Christian ministry in one of our Protestant communions feel himself called to study in a Roman Catholic Seminary? I trow not. Is a converted Catholic priest superior to a minister who has always been Protestant? Surely not. While freely conceding that many eminent men in our ranks have been allopathic physicians, it is not the less true that many converted allopaths are notorious for reckless alternation of remedies, for the grossest polypharmacy, and for the use of allopathic appliances under the specious name of adjuvants. I have noted too that they are especially prone to be *routiniers*. Pneumonia calls to their mind Aconite and Bryonia; intermittent fever, Arsenic and Quinine; sore throat, Mercurius and Belladonna; and I have heard one of these gentlemen boast that he could write an entire practice of medicine on a piece of paper the size of his hand! Mr. Editor, we owe our position on this continent to our colleges and the homœopathic physician who does not support them is—it may be unconsciously—a traitor to the *Similia*.

Ignorance of Surgery is another reproach which has been

most thoroughly rolled away. The time was when physicians of our school made little or no pretensions to a knowledge of "the art which is almost a science," and I remember seeing, many years ago, a big clumsy wooden sign, hanging across the sidewalk in a quiet country town, and on this most unprofessional "shingle" was inscribed

DR. ———

HOMŒOPATHIST AND SURGEON!!

Some sad blunders were made. I have a distinct recollection of seeing true infecting chancres treated with local applications of Arnica, and the same panacea was liberally applied to a dislocated elbow without the slightest attempt at reduction of the dislocation, and yet both of these practitioners held good degrees from first class allopathic schools. This ignorance or inattention arose partly from timidity and partly from the fact that more congenial practice poured in upon our physicians. To Dr. William Tod Helmuth of New York, belongs the honor of wiping this blot from our escutcheon and the publication of his work "Surgery and its adaptation to Homœopathic Practice," marks an era in the history of our school. I have used it constantly since the day of its publication, and I still prefer it to more pretentious tomes. We have now a lordly roll of surgeons, Beakley and Helmuth of New York, Campbell of Toronto, Bushrod W. James and McFarlan of Philadelphia, Von Tagen of Harrisburgh, Beckwith of Cincinnati, Danforth of Chicago, Franklin of St Louis and a host of others, attest that we are abreast of our allopathic step-brethren, and our rank and file are possessed of very respectable surgical attainments.

It may seem a small matter, but it is a real cause of rejoicing to the thoughtful members of our school, that we have almost got rid of the queer nicknames—such as 'Homœopath,' 'Homœopathist' and 'Homœopathician'—which have been given to us by our enemies, or adopted by ourselves. I say "almost got rid of," for there are still some of our physicians who cling to these party names. All such epithets are objectionable inasmuch as they seem to imply that the bearers of them are not really in the medical profession—in fact that they are not physicians. A number of years ago *Blackwood's Magazine* had some imaginary conversations between members of the rival schools in which one party was mentioned as the 'Physician,' and the other as the 'homœopath,'—of course in such a fossil Tory periodical the

poor 'homœopath' was annihilated. We are not homœopaths, not homœopathists, least of all are we homœopathicians, but physicians practicing according to the homœopathic law—homœopathic physicians. Some would have us drop the prefix 'homœopathic' altogether, and the late lamented Prof. Walter Williamson remarked that it savored of quackery to put it on one's sign. Others think it right and proper to do so, and Dr. John Fitz Gibbon Geary used to say that it was a beacon to guide those flying from Calomel and Spanish flies. I never saw an 'homœopathician' and idealize him as a limp individual with a veneration for Bœnninghausen and a profound faith in Jenichen, with a lofty scorn for Pathology—*that's* well known to be allopathy—and an abounded confidence in Fincke 2 c.m. given on symptomatic indications—a confidence that no Nux absurda burlesque can shake. We are true priests in the one Catholic church of medicine—we are the true regular physicians for we practice according to a true *regula* or rule—a grand Law of Nature, and it is high time to discard all such nicknames.

In the next issue I will resume the consideration of the burdens which we still carry.

A CASE IN ETHICS.

BY T. S. GOODWIN, M. D.

A code of ethics is not a code of penal statutes. The difference between them is, that the statutes admit of no latitude, discretion, or variety in the mode of their being applied. Whereas the code of ethics presents only principles for the guiding of professional conduct, and leaves the detail of their application entirely at the discretion of the practitioner; exacting only that the great end of the ethical code be achieved; viz: that the purity, the dignity, and the efficiency of the medical profession be not infringed upon.

Case.—You are a homœopathic practitioner of good standing, and are achieving an enviably perfect professional success. You have no brother practitioner within hailing distance, and are responsible for maintaining the reputation, the purity, the reliability of the homœopathic profession within your range of operations.

An enterprising adventurer, without diploma, and practically unendorsed, settles beside you. He cares not that there is no possible chance of his making an honest living, and commences a course of profuse, perpetual pretentious advertising for patronage. "Gratuitous practice for the poor," and all the like symptoms of a charlatan included. And to exempt himself from the scrutiny

and jurisdiction of a number of old school practitioners in the same neighborhood, he frequently bethinks himself to share your reputation with you, and advertises that he is a homœopathist. This renders yourself alone capable and responsible for exposing his false pretences, and for protecting your community from being imposed upon thereby. Even your confiding patrons are liable to go to him when they miss of finding you in; and until you have publicly exposed him, you and your Medical Fraternity are silent endorsers of all that he says of himself.

There are four or five drug stores near you. He prescribes their drugs, and secures their services to excuse his defects, reiterates his self commendations, and to make collections for him over their counters from the "poor people" whom he advertises to practice for gratuitously.

You see that his business energy begins to tell, and precious lives are being sacrificed to his pretentious incompetency. Do you dare to advertise that fact, and put your name to it? Is it a violation of the code of ethics so to do? Is it not a culpable delinquency—a cowardly betrayal of the trust your patrons place in you—a disgracing of yourself and your profession—a base abandonment of all the ultimate aims and objects of a code of ethics—to leave that deed undone when the due and proper time occurs for performing it?

But it is unprofessional to advertise. Admit it,—and therefore—what?

Is it more professional to keep silent in the above set of circumstances? If so, I fear we shall not all see it in that light. You are in a business community,—a community in which you can neither do or say any thing in the premises, except what is done and said in the recognized channels of business competition without offending against the laws of society in a way that will bring down a general condemnation upon you.

You have no drug stores to dispense your sentiments.

You will give your antagonist an opportunity to answer you and if you cannot stand an indefinite amount of blackguarding without being hurt, it will be less professional for you to speak than to keep silence. It is the proper function of your county society to expose charlatans—and that is just the advertisement your antagonist is fishing for. It will help more than hinder his progress.

You can have him prosecuted for mal-practice. But there again you are likely to hurt yourself more than him.

The laws of your state allow every one to practice medicine who pleases.

Is it more professional to say privately about a man what you shrink from saying publicly?

These are the elements of the case. Now what is your answer?

Surgical Department.

RUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

INTERESTING SURGICAL CASES.

E. R. ELLIS, M. D., DETROIT.

Case 1st—Fœtal, or “Mother’s” Marks.—There has long been a variety of opinions among medical writers with regard to the possibility of the child in utero, receiving *marks* from the mother. Whatever chance there may be for this to happen it is pretty generally supposed that it must be effected, if at all, through the nervous system, and we all know this connection of the mother and child is nearly if not quite deficient. The attempt to account for these changes of structure through the circulatory system also renders the matter very obscure, so that most medical men are inclined to discredit all accounts of the above kind, or at least that portion which refers to the *mother* for the producing cause.

The case here related comes nearer to substantiating the affirmative of this doctrine than any within the personal knowledge of the writer.

About January 1st 1870, Mrs. B., a very excellent lady, residing in an interior town in this State, was delivered of a large boy, entirely healthy and natural with the exception of a tumor, or protuberance on its back, between the shoulders, of about the size and general appearance of a *scrotum*. When this child was about six months of age my attention was called to it by Dr. F. B. Smith, of Owosso, and at that time the tumor was the size of a scrotum, common to a child of that age. The base of this growth, or its attachment to the body, was about one and one-fourth inches in diameter. It had the sacculated or pendulous form of the scrotum and was of the same semi-transparent texture. About its upper margin was to be seen the rudiment of a penis with numerous short hairs.

The mother's explanation of this curious affair was as follows: about the fifth month of her pregnancy her husband was poisoned with Sumach which affected him mainly in the organs of generation, and when those organs were in an inflamed and swollen condition her attention was unexpectedly called to his misfortune. She expressed herself as greatly "shocked" at the unrepresentable sight, and moreover that at this particular time she was engaged in arranging her shawl with one hand thrown back between her shoulders, in the same relative position of this growth upon the child. Taking this account for truth, and she is a woman of entire truthfulness, it is quite an interesting case and goes far to confirm the possibility of the unborn child receiving a physical impression, contrary to its natural development, from and through the mother.

It need only be said in conclusion that this growth was readily removed by passing a double ligature through its base and tying it in two portions. According to Dr. Smith's report, the strangulation was complete, and it dropped off on the fifth or sixth day.

Case 2d—Compound Fracture of the Tibia and Fibula.—In August of last year (1870), I was called in great haste to see a young lad about 14 years of age, who had received a severe injury from getting his leg in a piece of machinery. His condition was as follows: the fibula was fractured near its middle in two places about two inches apart. The tibia was also fractured twice, and the intervening portion one and one-fourth inches in length was so nearly detached that it was easily removed. The *flesh* wound began over the fibula in front, passed across the tibia and around the inner surface of the leg to the posterior surface, and included full two-thirds of the surface, and the substance—the muscles—of the leg. Through this frightful gap the upper portion of the tibia projected over four inches, denuded of the flesh and all but its periosteal covering.

A young doctor who was present, and the bystanders were clamorous for immediate amputation. This I objected to for two reasons: first, the boy's parents were not present to give their assent, and, second, if amputation should become necessary a few days delay would not compromise his chances for recovery. Hence the wound was washed and dressed as carefully as possible and further developments were patiently awaited. The

limb was placed in a fracture box, suspended from the ceiling, and packed with bran. To the surprise and gratification of all no bad symptoms followed and in seven or eight weeks time the lad was on his feet, and in six months afterwards was running around without crutches or cane and with scarcely a limp. This case is very instructive as demonstrating the value of conservative surgery and the great value of *carbolic acid* as a dressing in suppurating wounds. The Arnica and Calendula were somewhat useful but incomparably less so than the carbolic lotion.

Case 3d—Gun shot wound of the Head.—On the evening of April 3d ult., Mr. H., a young man aged 24 years, committed the mistake of visiting a saloon. While there he had some "words" with the proprietor of the institution and he was requested to depart, and to hasten his exit the latter stepped into an adjoining room to get his gun: Mr. H., had in the meantime gone out and was, as he states, about fifteen feet distant from the door of the saloon, when the proprietor, who was then standing in the doorway with gun in hand, drew up and gave him its contents full in the face and head.

The charge consisted of buck-shot, three of which struck him in the forehead but fortunately so high up that as they struck the cranium they glanced off, making only scalp wounds. The fourth shot struck about one inch above the right eye and entered the brain. There was free hemorrhage from the wound, and he was soon after removed to his home three or four blocks distant, where I saw him twelve hours afterwards. The last mentioned wound was probed carefully to the depth of two and one half inches directly into the right lobe of the brain. Nothing could be done towards removing the ball and the treatment was confined to warding off unfavorable symptoms. So far, a period of about seven weeks, this has been very successful and there is now great probability that we shall witness the anomalous case of recovery from gun shot wound of the head with the *ball remaining in the brain*.

Prof. Gross in his voluminous work on surgery mentions one such case, but it must be exceedingly rare. Homœopathic literature records no fatal cases but should this eventually prove to be one of that number your readers shall be informed thereof in due season. The internal use of Aconite, Arnica and Belladonna was very satisfactory.

Case 4th—Abdominal Fistula.—In the month of September, 1869, a gentleman from the western part of this State, brought to me his little daughter, a child six years of age, with a fistulous abscess situated on the abdomen about midway between the umbilicus and the crest of the ilium, right side.

Here was an abscess which had appeared several months before, during which time the child from a strong and hearty condition had become weak and emaciated. The opening extended along under the skin and superficial parts for two inches or more and was discharging freely. I advised the laying of this open throughout its length, but as this was not acceded to by the parents, such remedies as Silicea, Hepar-sulph, Hypophosphite of Lime &c., were prescribed and taken for a period of several months. Two or three times this orifice nearly closed and then would come open again. The parents now finally acted upon the advice first given and the fistulous track was laid open through its entire length, and in it was found a large and much corroded brass pin. On the removal of this the sore soon healed and has remained entirely sound ever since—about one year—and the child has recovered her wonted strength and health.

From the history of this case it may be considered as conclusive that this pin was swallowed weeks and probably months before the appearance of the swelling in the abdomen where it finally made its exit. It must have been arrested in its passage through the small intestine near the junction of the latter with the colon, and inflammation of the intestine with adhesion of it to the abdominal walls followed and finally by the ulcerative process it was worked out of the intestine through the abdominal walls to the surface of the body, a rare example of the conservative forces of nature.

ON THE USE OF EARTH AS A DRESSING IN SEVERE BURNS.

CLINICAL LECTURE BY ADDINEIL HEWSON, M.D. *

One of the Attending Surgeons to the Pennsylvania Hospital.

Gentlemen—Although I have already occupied a considerable portion of the time during which you have been attending my clinics in the exhibition and the discussion of the advantages of earth dressings for various conditions, I do not know that it is necessary for me to apologize to you for my intention to occupy

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a whole hour to-day in the consideration of the use of earth in severe burns. For, in the first place, the very special interest which you have all displayed in the cases exhibited under such treatment heretofore is certainly sufficient to justify me in the idea that you are not weary of seeing them; and, in the second place, it is only in my wards that such dressings are used, and I wish, therefore, to give you every facility of seeing them and of judging for yourselves of their true value. Furthermore, the very class of cases to which I wish specially to direct your attention to-day, as to the advantages of the earth dressings, is unfortunately terribly on the increase: I refer to burns of the third and fourth degrees, according to Dupuytren's classification,—that is, burns which, involving a greater portion of the thickness of the skin, are certainly the most painful of all such casualties. These, of late years, have increased at an enormous rate, owing, it would seem, to the very general use which is made of coal-oil by the humbler classes as a means of light. This oil produces, when burning on the body, a much deeper destruction than follows the burning of camphene, which was formerly used. The latter is far less tenacious, and very volatile, and therefore usually produces a burn of the first or second degree; whereas you seldom see an injury from burning of coal-oil in which there is not destruction to a much greater depth. I am confident that if our records in this hospital were sufficiently definite this point could be demonstrated beyond all doubt. As it is, they furnish strong presumptive evidence in support of this view. A few years ago I was strongly impressed with the idea that the character of burns *then* admitted to this hospital was much more severe than it was when I first became familiar with its wards, nearly twenty-five years ago; and examining our books of admission and discharges, I ascertained two facts which, I think, may be fairly taken as confirmatory of that impression. These are, first, the great increase of mortality from "burns" there recorded as having occurred in this hospital in the last fifteen years—that is, since coal-oil came into general use—over what occurred in the fifteen years previous, the difference being actually such as to double the mortality; and secondly, the increased mortality in the last fifteen years was confined essentially to women and children. The first fact, I would argue, indicates an increased seriousness in the character of such injuries; and the second, that the increase has been in the class most liable to casualties at home. Furthermore, the difference between the two periods is well defined. Up to the time at which we can fix the introduction of coal-oil into use in Philadelphia, the mortality in this hospital from "burns" had been each year about the same, whereas, since then, it has, up to within four years, steadily increased. We have, then, so far as I can see, no other means of explaining these facts. The terrible character of the injuries inflicted by this article, when ignited, you will have a fair opportunity of witnessing in two of the cases

which I shall present to your notice to-day. These two cases, having been subjected to the ordinary treatment during the greater part of their sojourn here, furnish us with some of the material for the contrast which I purpose making between such treatment, and that with the earth dressings. Before exhibiting them to you, I shall, however, bring forward a case which has been treated throughout with the earth.

Case I.—Was admitted four weeks ago last evening. She is, as you see, a stout, hearty-looking woman. She weighed, at the time of the accident, over two hundred and twenty-five (actually 227) pounds. She was then cooking at a range, and, leaning over the fire, her hair fell down, and, reaching into the flames, ignited, and burnt her very severely, not only about the neck and face, but on both hands, forearms, and arms, and right breast. No doubt, the greater part of the injury was caused by her endeavors to extinguish the fire in her hair. She was admitted to the hospital a few hours after the accident. The burns on the head involved the forehead, both cheeks as far forward as the malar prominences, the chin, lips, and ears. These burns were of the first, second, and (in some places) third degrees. The whole of the hand, two-thirds of the flexor surface of the forearm, and two spots of about two inches in diameter on the arm of the left side, were burnt fully to the third degree. The dorsum of this forearm, and half of this arm, were all vesicated, constituting burns of the second degree. The injuries to the right upper extremity involved the hand (almost, but not quite, its whole surface) to the third degree; the thumb, index, and little finger, to the fourth degree; more than half the circumference of the forearm, towards the inner side, and its whole length, to the third and fourth degrees; and the inner surface of the arm, more than half its length, to the same depth. There was also a burn on the right breast, evidently a deep one, and one on the shoulder of that side. The burns on the neck involved, within three inches, its whole circumference and its whole length, and varied in degrees from the first to the fourth.

The earth was applied immediately after the patient's admission. On the face, forehead, and ear it was applied as a powder or a paste, and allowed to dry without any covering to retain it in situ. The scabs or crusts so formed were never disturbed, and fell off of their own accord within the first two weeks, leaving no trace, in the form of cicatricial tissue, of the injury which had been received. You can see, on close inspection, three different tints of redness in the face, indicative of the three different degrees of burning which the parts there had sustained. Those of you who are near enough can, by feeling, satisfy yourselves that there is not a trace of cicatricial tissue to be found there. The skin now covering the points which were burnt is as soft and pliable as that on any other part of the body.

This patient's arms, forearms, hands, breast, shoulder, and neck were dressed with the clayey earth, spread in the condition of a thick paste on strips of bandage, and so applied after the method of Scultetus, the burnt surfaces having been previously dusted with the powdered earth. This dressing was then covered with plain blue tissue-paper, and all retained by spiral bandaging.

On the following morning, when I saw her for the first time, she expressed herself as being free from pain in the burnt surfaces, except at a number of points where, as was before mentioned,

the injury sustained was of the first and second degrees; and I at once surmised, from past experience in these cases, the cause of the pain,—namely, the vesications which had formed since the dressing was put on. The removal of the dressings proved this to be the case, for in every instance where she designated the seat of this special pain we found a large bleb filled with *coagulated* lymph. These blisters I opened freely, and covered with the dry powdered clay, which instantly removed the burning pain. The dressing was then reapplied, and the patient expressed herself most emphatically as entirely free from pain. On the next morning, however, she had a good deal of complaint to make, and urged me to apply “linseed-oil and lime water,” as it would cause her less pain, and heal her burns up at once. I was confident, from this circumstance, that she had been tampered with. The removal of the dressings showed that the sloughs, were beginning to separate; and in some places the hard crust of the earth and dead tissue could be seen to occasion her acute pain as it was drawn off without previous moistening. I therefore used water for the first time; and washing off the balance of the dressing, made it quite evident that her sufferings were from the dressings having got too dry. Consequently, when I put them on again, that morning, I used waxed blue paper on both extremities as an envelope, in place of the plain paper. The next morning she stated that she had been entirely free from pain, and admitted that her complaints the day before were exaggerated, and had arisen chiefly from some one telling her that I was not using the best dressing for her condition. On opening the dressings this morning, there was distinctly perceptible that peculiar odor which you have often had the opportunity of noticing where the earth has been twenty or more hours in contact with sloughing tissue. It resembles more the odor of *salt marshes* than anything else I know of. It is due to the earth becoming saturated with the *elements* of the disintegrating tissues, and is the only odor ever perceptible where the earth dressings are used, and then only when the earth is quite saturated with the discharges.

The covering with waxed blue paper was continued until the tenth day, when all sloughing and dead tissue had come away.

Up to the fifteenth day the discharges from the right arm were always sufficient to penetrate the dressings in the course of the twenty-four hours. On that day it was noted for the first time that no discharge had escaped through the dressings, and measurements across the ulcerated surface at its widest points— $1\frac{1}{2}$ inches above the styloid at the wrist, and 2 inches below the bend of the elbow—were respectively $2\frac{1}{4}$ and $2\frac{1}{2}$ inches less than they were the day before. The limb was washed on these mornings only on purpose to take these measurements with accuracy.

Two days later, although some discharge had penetrated through the dressings of this same arm,—which you will remember was the worse injured,—it was noted that “a band of healthy

skin $1\frac{1}{2}$ inches wide had formed across the wrist." The earth was picked and washed cleanly off, to make this perfectly evident, before the measurements were made.

With the left upper extremity we had even more rapid progress; the sloughs not only separated very promptly, but the ulcerated surfaces left by their separation on the eighth day (after the injury was inflicted) were then thoroughly dusted with the dry earth, which crusted on them, and remained there perfectly dry, except at four minute points, until the eighteenth day (April 2), when I washed the limb for the first time since the eighth day, and revealed the surfaces completely healed, and covered by healthy skin, with the exception of three small points between the fingers, and a small ulcer, the size of a half-dollar, at the wrist. The earth dressings were reapplied to these points for two days longer, and on their removal then, it was found that the whole of the extremity was healed. The progress in the right limb continued steadily; and, that you may judge of its rapidity, I will read to you the note of yesterday: "A bridge of skin has now (*i. e.* within twenty-four hours) formed across the ulcer at the bend of the elbow, leaving a granulating surface on the forearm four inches long." Now look at the size of that ulcer: it is but little over two inches in length, and by the same rate of progress will be entirely covered in the next twenty-four hours. These two ulcers on this limb, the one on the breast, and the one on the shoulder—all about the same size—constitute all that is left of the original injury, which you must remember was inflicted on this woman only twenty-eight days ago last night.

The result in this case is certainly one of the most satisfactory, if not the most extraordinary, that it is possible to conceive of. Her burns, most of them of the third and fourth degrees, which, as a rule, heal with ugly cicatrices, maiming and disfiguring the patient for life, have healed by the most satisfactory of all reparative processes where there has been a loss of tissue,—namely, by "*scabbing*." Her face, neck, and left upper extremity present the most perfect specimens of this mode of healing it has ever been my fortune to witness. On many parts of the left limb you can observe (as also on the right) the *scabs* which have been formed by the clay; and as I peel these scabs off, you can see the new skin beneath, perfectly soft, pliable, and entirely free from all trace of nodular tissue. It is as thin as the skin in any other part of the body.

While on this point, I will read to you from Holmes' *Surgery* what Mr. James Paget says on this mode of healing,—and he is the highest of all authorities:

Healing by scabbing, or under a scab, is the most natural and, in some cases, the best of all the healing processes. Very commonly in animals, if a wound be left wide open, the blood and other exudations from it dry on its surface, and, entangling dust and other foreign bodies, form an air-tight and adherent covering, under which scarring takes place, and which is cast off when the healing is complete. The exact nature of the process has not been

watched; but it seems to consist in little more than the formation of cuticle on the wounded surface; and it has the advantage that, as no granulations are produced, there is little or no contraction of the scar. In man the same process is less frequent; it is more apt to be spoiled by inflammation, producing exudations under the scab, which either detach it or prevent the healing of the surface beneath it. Sometimes, however, the blood shed from a wound coagulates and dries on it, and, remaining as a scab, permits healing under it; or, if this do not happen, a similarly effective scab may be formed by the serous fluid or lymph by which the surface of an exposed wound usually becomes glazed; or, more rarely, the pus of a granulating wound may scab over, and sound healing take place beneath it."—*Holmes' Surgery*, vol. i. p. 587.

Those of you who have been constant in attendance on my clinics can certify to the accuracy and clearness of all that has been said by this eminent authority, with possibly one exception, namely, his statement that, "as no granulations are produced, there is little or no contraction of the scar," which would seem to intimate that a granulating surface must always, even when healing under a scab, result in a contracted scar. The case before you flatly and positively disproves such an idea. For we have, on the face, neck, and the whole left upper extremity, the most convincing proof that although these surfaces were twenty days ago, in a granulating condition, not the slightest trace of a contracted scar is to be found there to-day.

This patient, I freely admit, has had everything in favor of a good result, so far as her general condition is concerned. She was at the time of the accident in the enjoyment of the best health, and in the most admirable state of nutrition. But those of you who visit the wards with me, and saw her the morning after her admission, know that she sustained a terrible injury,—of which she even now presents sufficient evidences.

To prove to you that similar results, although of course not so perfect, can be obtained in patients in quite an opposite state as to general health, I will now show you another case:

Case II.—This patient is thin and emaciated to an extreme degree,—with complexion, skin, hair and teeth showing that her general condition must have been of the worst kind long before she met with her injury. She is a widowed woman, fifty-four years of age. Lost three children in their infancy, and has two living.

On the evening of the 26th of January eleven weeks ago to-morrow she stumbled and fell whilst descending a flight of kitchen stairs with a lighted coal-oil lamp in her right hand. The contents of the lamp, in an ignited state, ran over the right upper extremity, shoulder, side of chest, neck, face, and head, destroying most completely the integument (to the third and fourth degrees) from about two inches above the wrist to the crown of her head. The hand was badly burnt, but most of it only to the second degree. Her left hand was also burnt to the same (second) degree. She was immediately conveyed to the hospital, where her injuries were dressed by the resident physician of the ward with oxide of zinc ointment. This treatment I did not change when I took charge of the ward on the 1st February. Under it both hands (burns of the second degree), were completely healed at the end of four weeks, and some cicatrization had in that time been effected along the margins of the burns on the head and neck, and the lower margin of the burns of the fore-arm. In this

interval of time powdered oxide of zinc was twice sprinkled over the denuded surface, but occasioned each time so much pain that its use was discontinued.

To my inquiries each morning as to how she felt, and was doing, I always got (during these four weeks) a most cheerful answer from the patient,—that everything was doing well; and the answer was given in such a way that I fully understood that she did not want me to make any change in treatment.

My resident, Dr. Gerhard, told me, however, at the end of this time that things were not making good progress, and, after a careful examination, during which it was quite evident the patient was very much afraid of me, I determined to continue the same treatment. This seemed to inspire the poor woman with a little more confidence. Shortly after this event, the patient whom I have just exhibited was admitted into the same ward, and placed in a bed directly opposite to this one, and it afforded me no little amusement to observe the latter's intense interest in the earth treatment, and with each day's favorable report of No. 1, this woman seemed less and less afraid of me, and she would give me a "God's blessing," or a God speed, each time I left the room. Then she began to be a little more communicative, and said the cerate gave her pain, a thing which she would not admit before. Finally she expressed a desire that I should do something more for her than was being done. Last Monday week (April 3) I determined to apply the earth to the forearm only, and so dispossess the patient's mind of the notion which had evidently been at one time very strongly impressed there, that such a dressing would not suit her case, and which still has some footing, for she murmured something about not being strong enough to bear it.

The following is the note taken of the condition of the ulcer on that day:

"There is a continuous ulcer involving the right side of the head and neck, the shoulder as far down [on the back as the spine of the scapula, the front of right chest, involving the whole mamma, the side of the chest, axilla, the whole arm and forearm to within two inches of the wrist. The hand and these two inches of the forearm are covered with a scaly cuticle. There are two small islands of cuticle of about the size of a dime on the dorsum and ulnar side of the forearm. All this ulcerated surface has a pale, smooth, and glazed appearance, with distinct vessels distributed on it, and does not seem to have healed any in the last three weeks. The discharge is thin and serous in its character.

I then sprinkled the surface of the forearm and about two inches of the arm at the elbow with finely-sifted clay, and noticed with satisfaction the change of expression in my patient face: it was that of positive relief from dread. Over this powder I applied the strips of bandage covered with wet clay, then the waxed blue paper and a spiral. To the rest of the burnt surface I had the cerate of oxide of zinc reapplied as heretofore.

On the next morning the patient stated that she had been en-

tirely free from pain in the parts covered by the earth, but that it still continued in the parts to which the cerate was applied. When I took the dressing off the forearm it was found that one of the islands of cuticle, which the day before was of the size of a dime *only*, had increased so as actually to measure five *inches* in length by two and three-quarters in width, and extended from the olecranon down along the back of the forearm. There was also a good-sized spot, over one and a half inches in diameter, well covered with skin, on the back of the arm. The granulations over the rest of the surface which had been covered by the earth had evidently become more healthy, as could be seen by contrast with the part which had been covered by the cerate. The discharge was also thicker, and much less in quantity.

On the next day it was noted that the skin formed on the back of the forearm had reached to eight inches in length, and had increased considerably in width. The discharge was thicker and more abundant, and had kept the dressing thoroughly saturated. The patient complained of having had pain on the under surface since midnight. This I proved to have been caused by the dressing getting saturated and being kept so by the waxed paper; for that afternoon I removed the dressing to show the case to my distinguished friend Professor Gross, who did me the honor of coming to see some of the cases on which I had been using the earth dressings. In place of the waxed paper I applied the dressing with the plain blue paper, and the next morning everything was dry on the outside, and the patient had not had any pain whatever in the forearm.

You can now see what changes have occurred since then,—that is, in the last six days. Here is the large island of skin,—much increased in size,—with all its conditions as perfect as though there had never been an injury there. Notice carefully the characters of the skin which has been formed here: they are precisely like those of the skin of her other arm, which was never injured, save in the color. Contrast also the surface not yet healed, and which has been the influence of the earth for nearly ten days, with those of the parts where the cerate has been constantly applied, and you can see a very great difference. As I peel off with the forceps a cake of the earth here on the back of the forearm, you will notice that the surface is bedewed with a clear transparent fluid, like that on the surface where the cerate has been; but in a few seconds this fluid in the former place congeals, and gives us the idea that the parts there are actually healed, whereas in the latter it remains a thin serous fluid. It is thus evident to you that in the one place—where the earth has been—the fluid exuded is coagulable, whereas in the other it is not so. This, as you well know, is a very important difference. The relief that this poor old woman has had from the earth dressings has made her very importunate to have them applied all over her injury; and I have promised her that they should be

to-day, after you have had the opportunity of [contrasting the effects of the two kinds of dressings.

Now, I think I have proved to you by this case all that I promised, namely, that earth exerts a healing influence even where the general conditions of the patient are not the most favorable. I will now show you a case where the earth dressings have been applied to one set of burns, and the ordinary treatment to another, both the result of one (and a similar) injury to different parts of the body. This case you will all remember my having exhibited here shortly after his admission.

Case III.—This patient burned himself whilst drunk, by going into a rolling-mill and falling on some iron which had just been removed from the rollers. The injuries which he thus sustained were four deep burns,—one set of two on the left temple and side of face, and the other of two on the forearm and hand of the right side. He was admitted to the hospital shortly after the accident, on the afternoon of March 28, and my resident, recognizing the fact that these four deep eschars had to be separated before any repair could take place, applied to them all yeast poultices. When I saw the case at my usual hour of visiting the wards the next morning, at 7½ o'clock, I thought it was an excellent one for making a comparative trial of the earth dressing and of the ordinary treatment, I therefore selected for the former the worse set,—the burns on the head. These were—one involving all the temporal fossa, within half an inch of the ear, and the other an eschar or burn of the fourth degree, an inch in diameter, directly over the zygoma, and separated from the first by not more than an eighth of an inch of sound skin. The burn in the temporal fossa involved not only the skin through its whole thickness, but also the temporal fascia, and a considerable portion of the muscle beneath.

The burns on the extremity were, one just above the wrist, circular in form, and an inch and a half in diameter, and another of nearly the same shape, but half the size, over the dorsum of the carpus. The latter was evidently not of any greater depth than the lesser injury on the head, and the former seemed to go entirely through the subcutaneous cellular tissue. The two sets of burns were, therefore relatively alike,—although that which I selected for the earth treatment was clearly the worse, certainly the more extensive, of the two.

When I showed the case before, you will remember, the patient was most emphatic in his declarations that the burns under the earth treatment did not give him any pain, whilst those under the poultice and cerate had constantly pained him. He has given us the same answer, of course, when blue wash and nitrate of silver were applied to the burns on the extremity, as it has been necessary to do recently, in order to destroy the flabbiness of the granulations there, and to hasten cicatrization. Now, what I wish specially to call your attention to, to-day, is the result. We cannot very readily make any fair comparison as to the rapidity with which the healing has occurred in the two places,—for there was originally four times as much to heal in the one place as there was in the other. But you can all see for yourselves the difference in the manner in which the healing has taken place. At the wrist the seats of the burns are now occupied by well-defined and hard cicatricial tissue, which is easily isolated from the healthy

tissue surrounding it; whereas on the temple you do not see a trace of anything of the kind. Here, between what were the centres of the two burns,—and you will remember that their opposed borders were almost touching,—we have now a surface of perfectly healthy skin of a deep pink hue, free from all induration or adhesion. I can pinch it up and move it freely. There is certainly no way of accounting for this difference on the score of locality. One part has been as much subjected to motion as the other. The patient has been using his hand and arm quite freely ever since the ulcers began to granulate; and the ulcer involving the temporal muscle, you can readily understand, has been subjected to the influence of motion every time he has opened his mouth. The advantages from the earth dressings are here most positively evident.

In illustration of the effect of earth dressings on the results of severe burns I have yet to show you another case, which has occasioned a great deal of amazement among some of my medical friends who have been watching it:

Case IV.—This patient was admitted on the 17th of December last, for severe burns of the right breast and of the inner sides of both lower extremities in the vicinity of the knee-joints. These burns were mostly all of the fourth degree. She was also burnt on the neck in the first and second degrees. The accident was the result of a child throwing a lighted match into a lamp which this woman was filling. When she came under my charge, on the 1st of February, the injuries were nearly all healed. There were some ulcerated spots around the margins of all the deeper burns; but the cicatrices were so contracted at the knees that the patient could not stand on her limbs. There were also the most positive evidences of keloid degeneration,—that form of keloid which occasionally shows itself in cicatricial tissue. This is, strictly speaking, a hypertrophy of the fibrous element which enters into the structure of ordinary cicatrices. Such growths, we are told by Mr. Paget, “rarely surpass half an inch in thickness or more than half an inch in any direction.” In this case they had some time since attained nearly such a size, and had not changed any in the past month—up to last Thursday. My presumption was, therefore, that they had ceased to grow, and, recalling the effect of the earth dressing on similar hypertrophies which I had seen, I determined to give it a trial here. The patient had then been over fifteen weeks in bed, in a helpless condition,—for she could not move from where she was lying, except on her hands and knees or buttocks. I had directed constant resort to passive motion, to see what I could do to overcome the tendency to contraction; but further than that I had not meddled with the treatment under which I found her.

On last Thursday I selected the right limb for the trial of the earth. My reason for doing so were that it was by far the worse of the two. The burn on this limb had originally extended from six inches below the knee to within an inch of the vulva,—equal to sixteen inches in length,—and involved at the knee two-thirds of the circumference of the limb: the injury to this limb was thus thrice as great as that which the left had sustained. The keloid degeneration was also very much worse; and so with the contraction of the knee, for it was such as to hold the limb bent at

an angle of about 80 degrees, whereas the contraction of the left was not over 40 degrees from the straight line of the thigh,—and it was quite evident that if she could only get this *right* limb sufficiently straight to sustain her weight, she would be able to move about with facility. Professor Gross in his visit to the wards with me on Wednesday evening saw this woman and examined her with considerable interest. I did not inform him at the time of my intention to use the earth dressing in the case. When he saw her again, two days later, his surprise was very evident; she was then walking about the room, and expressed herself to him as very much relieved of the pains with which she had been annoyed prior to the earth being applied. There was, even at that early date in the use of the earth, a marked improvement in the appearance of the surface of the cicatricial tissue. It was not only not so indurated as it had been, but it was less so than the cicatrix on the left knee. No blisters had formed on the portions occupied by the keloid, and the subjacent tissue was evidently freer. Pinching up the margins of this cicatrix, so as to embrace a thickness of the sound skin and one of the cicatricial tissue between the finger and thumb, it was susceptible of demonstration, by contrasting it with a similar fold of sound skin alone, that the cicatrix was a quarter of an inch thicker than the sound skin.

Forty-eight hours later, this difference was reduced one-half; and to-day, six days only since the earth was first applied to this knee, you can see for yourself by comparing the the two knees that improvement has occurred. All the cicatricial tissue which has been covered by the earth has become soft and pliable, and presents in that respect alone a marked contrast to the portions which have been left uncovered. You can also perceive how much more readily she can use this limb, straightening it perfectly, and bearing her whole weight on it. This is a result unquestionably due to the earth dressing.

UTERO-OVARIAN TUMOR.

BY C. ORMES, M. D., JAMESTOWN, N. Y.

Mrs. R—, aged thirty-nine, of nervo-sanguine temperament, somewhat above the medium height, stout, muscular, without a very heavy muscular development, the general appearance denoting great physical endurance, came to me on February 1st, 1869, relative to an abdominal tumor. The enlargement first appeared in the left iliac region, soon after the birth of her youngest child, about two and a half years before. The tumor, at the time of her visit, occupied the whole lower part of the abdomen, and extended up into the right hypochondriac region. Of late slightly movable, but not easily raised from the pelvis, without pain; easily felt per vaginam. Diagnosis: solid tumor of the left ovary.

Visited the patient and prescribed occasionally from that time until the 21st of September, when the tumor had become more sensitive and tender on pressure. Menstruation regular, in periods of two days' duration, with occasional discharge of small coagula of blood. A partially healthy flow continued gradually to degenerate into an almost constant sanious discharge, finally becoming offensive and fetid, at times resembling coffee grounds. There is excessive heat, soreness and tenderness in the tumor and in the uterine region; also sudden, sharp, lancinating pains through the pelvic cavity; pains in the head and back, also extending to limbs; extreme restlessness, nausea, and at times retching.

Symptoms from this period, save a few intervals of cessation of pain, gradually grew worse, assuming a more malignant character, until the 15th of April, 1870, when there was an increase of all the morbid symptoms. An examination per vaginam disclosed the fact that the os uteri was but imperfectly felt high up in the vaginal canal, and scarcely projecting beyond its peritoneal covering, and lying immediately behind the bladder.

We had previously advised ovariectomy, having had great confidence that an operation in this case would prove a success; but with the present symptoms, we very much doubted that an operation would result favorably, being satisfied that the uterus was fully represented in the diseased mass, and the critical condition of our patient demanded the most prompt and decisive action. The patient, after having been fully apprised of her situation, and the probable chances of recovery, either with or without an operation, was unwilling to succumb to the disease without an effort to eradicate it.

Accordingly, on the 23d of April, 1870, in the presence of, and assisted by Drs. M. M. Shurick, A. F. Ward, F. D. Ormes, and J. W. Scott, we proceeded with the operation.

The patient being thoroughly under the influence of chloroform, and upon the operating table, we laid open the abdomen, commencing about two inches above the umbilicus and continuing in the line of the linea alba to near the pubis. The tumor being exposed to view, was syphon-shaped, with the uterus imbedded in the angle, the fundus projecting up nearly through the center of the tumor, about two inches below the umbilicus; that portion of the uterus protruding through the tumor was about two thirds the size of a common playing ball. The uterus appeared at first to have only been encircled by the tumor, but finally imbedded itself completely in the substance, save that part and its appendages which have been referred to above, and having the appearance of being perfectly assimilated with the enlarged ovary, enlarging and growing with its growth, measuring, after removal, something over seven inches in length. The whole mass presented, instead of the smooth surface of an ovarian tumor, a rough and corrugated appearance. In some sections it firmly ad-

hered to its surroundings, more especially on the right side. To this side attached a portion of the peritoneum, greatly thickened, and which seemed like a ligamentous band, drawn so tensely and firmly over the tumor as to require a powerful effort to detach it. Copious bleeding followed, which required torsion and several ligatures. This done, on raising the tumor, found the uterus and its appendages all implicated in the diseased mass, and all came up together, as far as the peritoneal attachment to the uterus would allow.

Then came these questions:

"What shall we do; the patient liable to death on the table should we proceed no farther with the operation?"

"Shall we dissect out the uterus from the ovarian tumor, embedded some two or more inches in its substance, and let the diseased organ remain, and in that manner destroy the life of the patient, should she not die before?"

As no suggestions were offered to these questions, save that the patient, if left in her present condition, must die; and not being called as counsel, but only to assist and witness, all seemed to share the opinion that it devolved upon me to finish the operation as I should think best. Therefore, I decided to remove the whole diseased mass, and abide the issue.

I ligated the round ligaments and divided them, directed my son to raise the mass until the cervix uteri was distinctly felt, and well up out of the pelvic cavity invested by its peritoneal covering; then, being confident that the cervix was completely at our control, being considerably elongated, passed a double-armed suture needle through the cervix, cut the loop end, and tied each way; then divided the cervix with the scalpel, and removed the tumor from the abdomen, put the ends of the ligature through the already open cervix and os, and left them lying in the vagina. Sponged out the blood from the abdominal cavity, and while proceeding to replace the viscera, preparatory to dressing the wound, a most fearful hemorrhage ensued, rendering the life of the patient in imminent danger. The blood seemed to flow from the lacerated vessels ruptured in breaking up the adhesions. It was finally controlled by pressing large sponges, saturated with ice water, firmly against the bleeding surface, adjusted the parts, and united the external wounds by sutures and adhesive straps, compresses and bandages. The patient was now laid upon the bed, from which she had been removed, after the administration of the anæsthetic, to the table, having been unconscious from the moment of its administration till after the effect had passed off. Whole time occupied in operation, forty-seven minutes. Pulse previous to operation, eighty-four; after, forty.

The tumor was of the encephaloid form of disease, at first non-malignant, having produced little or no constitutional derangement for the first two years, but after that time it assumed a more malignant character. Externally, when removed, it had the ap-

pearance of a true scirrhus degeneration, and on dissection presented a cephalomatous appearance in form and structure. The fundus and body of the uterus assumed the encephaloid form and an absolute and well developed cancer cell. The substance of the uterus appeared more broken down, and in a more pliant, softened condition than the ovarian enlargement. The uterus exhibited softening of tissues, while there was no corresponding softening in the diseased ovary.

From the early history of the case and all the symptoms, and from examination after removal of the mass, I am firmly convinced that both organs, especially during the last few months, had taken a malignant scirrhus degeneration, and that the only hope for the patient was a removal of both diseased organs, and it has been amply verified by her ultimate recovery. After patiently suffering, with alternate hope and fear for a few weeks, gradually and permanently, she was restored to health and to loved ones.

On the nineteenth of June the lady walked about her room; three days after around her house and yard, and on the first of August she walked two and a half miles; feels better than for the last two years; expresses much gratitude at being relieved from the excessive heat and weight, from which she continually suffered previous to operation. Has one periodic peculiarity since the operation, viz., nausea, with a faint and gone sensation following it, continuing some three or four days.

In the after treatment of this case, Aconite, Arnica, Calendula, Arsenicum, Carbo veg. and Carbolic acid were invaluable agents.

Oakum and Carbolic Acid as an Antiseptic Dressing.—Mr. Lister states that having read reports from various quarters of the efficacy of oakum, he has lately put it to the test with granulatory sores, where, if it should happen to fail, no mischief would result; and he has found it to more than answer his expectations. The reason for its superiority over oily cloths is, he thinks, readily intelligible. Each fibre of the oakum is imbued with an insoluble vehicle of the antiseptic, so that the discharge, in passing among the fibres, cannot wash out the agent, any more than it can when flowing beneath the lac plaster, to a narrow strip of which an individual oakum fibre is fairly comparable. In some points of view oakum was even superior to the lac plaster. When the latter is left for several days together, the discharge, even though small in amount, soaking into the absorbing cloths, loses the carbolic acid it had received from the plaster, and putrefying from day to day, assumes an acrid character, and sometimes produces troublesome irritation of the skin. This is of course avoided by the oakum. Again, the lac plaster being quite impermeable to watery fluid, keeps the skin beneath moist, and in fact covered with a weak watery solution of carbolic acid, which perhaps, in-

sinuates itself more or less beneath the "protecting," and maintains a slight stimulating influence upon the parts beneath it. But oakum, draining away the discharge as fast as it is formed, avoids this source of disturbance. The result is, that if a granulatory sore be thoroughly washed with an antiseptic lotion, and covered with "protecting" and a well overlapping mass of oakum secured with a bandage, a dressing is provided which nearly approaches the idea Mr. Lister has long had in view. Mr. Lister's "protecting" above mentioned is made by varnishing oiled silk on both surfaces with copal varnish, which renders it considerably less permeable to carbolic acid, and when it is brushed over with a mixture of starch and dextrine to give it a fibre of material soluble in water, so that it becomes uniformly moistened when dipped into the antiseptic solution.

It may be obtained of the Apothecaries' Society, Virginia street, Glasgow. When it is not at hand, common oiled silk may be used as a substitute for it, if smeared with an oily solution of carbolic acid and used in two layers, to make up for its inferior efficiency. [See *British Medical Journal*, Jan. 14, '71.]—*Practitioner Feb. 71.*

Carbolic Acid in Carbuncle.—Dr. J. C. Nott, of New York, having had his attention attracted by several articles in the medical journals on the anæsthetic effects of carbolic acid when locally applied, tested the remedy in a case of carbuncle. All other remedies had proved unsatisfactory. An incision of about an inch and a quarter was made in the carbuncle and stuffed with cotton saturated with pure carbolic acid. The whole surface of the hardened mass was also painted with the acid.

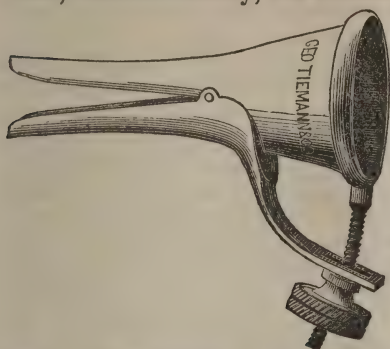
There was a sharp burning sensation for a few minutes, when the pain subsided completely, and *he never complained of any afterwards.* Every day for a week the doctor continued to insert the acid in the same way into the cut, which sloughed all around to the depth of one-eighth of an inch, the surrounding inflammation and induration subsided rapidly, and in a week there was nothing left to treat but the small open wound made by the knife and acid. Three other small carbuncles commenced an inch or two from the large one; they were all treated by incision and acid, and they all aborted.—*N. Y. Medical Journal.*

Mr. E. Wilson in *Journal of Cutaneous Medicine* says, he employs carbolic acid previous to application of caustic to *lypus* and *epithelioma* as an anæsthetic. It benumbs the surface and dulls the excessive sensibility of the superficial nerves.

Mr. Erichsen.—The simple inscription on the door plate of this eminent British surgeon, is *Mr. Erichsen.*

Dr. Speir's Self-Retaining and Self-Illuminating Ear Speculum.

—E. Fleet Speir, M. D., gave before the King's County, New York, Medical Society, the following account of this invention:



"The instrument is simple in its construction, is easily applied and leaves the operator free to use both hands. It consists of a funnel-shaped bivalve, fastened by a pivot in the centre and separated at the top by a sliding screw, which opens or shuts the valves at will, by moving in one direction or the other the

little nut attached to the screw. By its use many of the operations upon the ear can be performed without the aid of an assistant, for the operator can use the reflector in one hand while the other hand employs an instrument, or if sunlight be used for illumination both hands are left free to the operator. If it is necessary to change hands or lay aside one instrument and take up another, or change position, it can be done without removing the speculum. Another advantage of this form of speculum is that it admits of a more perfect illumination of the ear and brings into view a wider field—at the same time it allows of the use of instruments through it—and can also be illuminated by indirect rays of light. It being only necessary that the light shall strike upon the interior a certain distance inwards when it will follow on until it reaches the tympanum. This allows of the head of the observer being placed immediately in front of the speculum and the light upon the side, no special form of lamp being necessary and when sunlight is used this is a great advantage, for the strong rays are diffused before they reach the interior, thus affording a better light, and in operations it may afford the use of both hands and both eyes of the operator, the illumination being provided from one side by an assistant."

Death from Nitrous Oxide Gas.—A case is reported in the *Dental Cosmos*, of a young lady in Philadelphia, who inhaled nitrous oxide gas, for the purpose of having a tooth extracted, and died in a few minutes. She had hypertrophy of the heart.

Pharmaceutical Observations, etc.

Solvent Powers of Glycerine.—The solubility of various chemicals in 100 parts of Glycerine is thus stated by Klever (*Pharm. Zeitsch. f. Russ in Am. Journal of Pharmacy*):

Acid arseniosum.....	20	Morp. acetas.....	20
“ arsenicum.....	20	“ murias.....	20
“ benzoicum.....	10	Phosphorus.....	0.20
“ boracium.....	10	Plumbi acetas.....	20
“ oxalicum.....	15	Potasse arsenias.....	50
“ tannicum.....	50	“ chloras.....	3.50
Alumen.....	40	Potassii bromid.....	25
Ammon. carb.....	20	“ cyanid.....	32
“ murias.....	20	“ iodid.....	40
Antimonii et potass. tart.....	5.50	Quinia.....	0.50
Atropia.....	3	Quinise tannas.....	0.25
Atroph. sulph.....	33	Sodæ arsenias.....	50
Barii chlorid.....	10	“ bicarbon.....	8
Brucia.....	2	“ boras.....	60
Calcii sulphid.....	5.25	“ carbonas.....	98
Cinchonia.....	0.50	“ chloras.....	20
Cinch. sulph.....	6.70	Sulphur.....	0.10
Capri acetas.....	10	Strychnia.....	0.25
“ sulph.....	30	Strychn. nitras.....	4
Ferri et potass. tart.....	8	“ sulphas.....	22.50
“ lactas.....	16	Urea.....	50
“ sulphas.....	25	Veratria.....	1
Hydrarg. chlor. corr.....	7.50	Zinci chlorid.....	50
“ cyanid.....	27	“ iodid.....	40
Iodinium.....	1.90	“ sulphas.....	35
Morphia.....	0.45		

Poisoning with Gelsemium Sempervirens.—Joseph G. Pinkham, M. D., says: On the night of December 5th, 1869, I was called in great haste to see Mrs. F., a former patient of mine, who was said to be dying. In the course of a few minutes I arrived at her bedside, and found her in the following alarming condition: Totally unconscious; breathing stertorous and very imperfect; countenance of livid paleness; lower jaw drooping, leaving the mouth wide open; eyelids partially closed, and motionless; pupils moderately dilated; pulse 100 per minute, regular but weak. On making hasty inquiries I ascertained that she had been taking some medicine from a quack herbalist, who recommended it, in the choice English of that refined sect, as being able to “knock pain higher than a kite.” Being satisfied that the case was one of poisoning with some narcotic, I attempted to administer an emetic of sulphate of zinc; but owing to the great difficulty in swallowing, I did not succeed in getting enough down to produce emesis. Friction and stimulants were then restored to, and in about one hour and a half consciousness began to return. Treatment was continued, but recovery was not complete for several days, the principal complaint being of great prostration, and muscular weakness, particularly of the elevators of the lower jaw and eyelids, and the muscles of the arms. After the return of consciousness intelligible speech was at first only possible when the jaws were supported. The tongue

also was stiff, and the voice thick and guttural. The patient stated that before she became unconscious objects appeared double, and then she grew by degrees completely blind. She thought, and naturally enough, that she was dying. Subsequently I saw the "doctor," and learned from him that he had given *Gelsemium sempervirens*. He said he had prepared forty drops of the fluid extract in a bottle, and that, contrary to his directions, the patient had taken it all in the course of a few hours. I placed no reliance upon his statement as to the amount, for he was most thoroughly frightened by the occurrence, but I have no doubt from the symptoms that *Gelsemium* was the drug administered. The patient asserted positively that he gave her no specific directions as to the dose or intervals, but told her to take it when she had pain, and if, on holding up her finger and looking at it, it did not appear double, she was all right, and could take more.

I satisfied myself, notwithstanding the denial of both parties concerned, that he had procured an abortion upon the woman, and gave the medicine as an anodyne after the expulsion of the ovum. It seemed at first as though the case would inevitably prove fatal; nor do I see now how recovery could have taken place without remedial interference.

I should not have been surprised at any time within an hour after my arrival to see the jerking respiration cease, and life become extinct.

The effect of the poison, it will be noticed, was to produce a general feeling of numbness and oppression, followed by double vision, loss of sight, paralysis of the muscles of voluntary motion, with complete insensibility to all external impressions. The paralysis of those muscles whose function it is to elevate was more persistent than that of any others. It is easy to explain the bad respiration by the condition of muscular paralysis which existed. There did not seem to be any direct sedative action of the poison upon the heart. In regard to this point, I am inclined to agree with Dr. Bartholow in the opinion that when the cardiac movements are depressed it is the result of insufficient respiration.*

I gave stimulants (brandy, amm. carb., &c.), on account of the alarming prostration, and because I did not know what else to do. Should another patient similarly affected come under my care I should pursue the same course, with the addition, if it were possible at the time, of the use of galvanism—an agent found so beneficial in his own case by Dr. J. T. Main, of Unity, Maine. †

The notes of this case were taken chiefly at the time of attendance. Since then I have seen reports of several other instances of poisoning with the same drug, some of them fatal. ‡

* Practitioner (London), Oct., 1870, p. 208.

† Boston Medical and Surgical Journal, April 15, 1869.

‡ American Journal of Pharmacy, Jan., 1870. American Journal of the Medical Sciences, Jan., 1867.

They all agree essentially with mine in the character of the symptoms presented. It is altogether probable that my patient had taken much more than forty drops of the fluid extract.—*Boston Medical and Surgical Journal.*

Hydrate of Chloral.—Ten tons of hydrate of chloral were, we understand, imported during last year from Germany. About a year ago it was selling at £5 a pound. Its market price is now, we believe, something under five shillings; the difference in price being due solely to the conversion of what was a curiosity of the laboratory into a commercial article. The only materials required are chlorine and absolute alcohol.—*British Medical.*

The Poisonous Dose of Chloral.—Dr. Richardson says of hydrate of chloral. "The largest dose I have known to be taken is one hundred and twenty grains. This dose produced a prolonged and dangerous coma, but recovery ultimately followed. I think we may consider a hundred and twenty grains, as a maximum dose for an adult, dangerous, but not of necessity fatal. Beyond a hundred and twenty grains the danger increases, and a hundred and eighty grains may be considered a dose that would prove, in the majority of cases, positively fatal."

Death From Chloroform.—In an article in the January number of Braithwaite's Retrospect, by Dr. B. W. Richardson, on "Death from Chloroform," he describes four modes by which it occurs, as follows:—In the first, by the immediate influence exerted by the chloroform on the peripheral nervous system, respiration is for an interval suspended, there is accumulation of carbonic acid in the blood, irritation of the vagus, and consequent arrest of the action of the heart. Artificial respiration offers the best chance of recovery in this form of death, because the irritability of the heart is unimpaired. Nervous and irritable people are the ones subject to this form. The second mode of death may be called epileptiform syncope: it is instantaneous, and we find the arteries completely emptied of blood, and the brain blanched and bloodless. This form of death occurs during the second stage, or that of excitement. The third form of death occurs when, from the slow and continued action of the narcotic, there is paralysis of the heart. This form of death is hopeless; artificial respiration has no effect on it. It is always preceded by intermittent action of the heart. The fourth form of death is a compound one—there is first depression of the nervous system from chloroform, and then surgical shock is superadded. Hæmorrhage may have aided the exhaustion of the system. Death here is by syncope, and is often sudden. It is very liable to occur from error of supposing that in small operations it is only necessary to administer a little narcotic vapor; and, secondly, from proceeding to operate while the patient is excited, but not insensible.

Production of Iodine—A method invented by Thierceelin has been successfully used in extracting iodine from crude Chili saltpeter. The mother liquors, resulting from the manufacture of saltpeter, are treated with a mixture of sulphurous acid and sulphate of soda, and the iodine is precipitated as a black powder. This is placed in earthen jars, on the bottom of which are layers of quartz sand, fine at the top and coarse at the bottom; from these jars the iodine is removed by earthen spoons, lined with gypsum, and the greater part of the water is thus separated. It is further purified by sublimation, but is often sold before undergoing the last named process. The amount of iodine thus reclaimed from Chili saltpeter already amounts to 30,000 pounds per annum. As the removal of all traces of phosphorus is essential in the conversion of iron into steel, the use of crude Chili saltpeter in the converting crucible would doubtless prove valuable in removing phosphorus as well other impurities.

To Make a Weather-Glass—Take a thin glass tube, 12 inches long and $\frac{3}{4}$ -inches in diameter, and fill three-fourths of it with

Camphor.....	3	ij
Nitre.....	3	iss
Sal Ammoniac.....	3	j
Proof Spirit.....	$\frac{3}{4}$	ij $\frac{1}{4}$

Solve. The tube may be tied over with bladder if required.

As a sign of *fine* weather, the sediment of white flakes will settle near to the bottom of the tube, while the liquid will be quite transparent above. As a sign of *rain*, the matter will rise to the surface of the solution. At the approach of a *storm*, the matter will float on the surface of the solution in the form of white flakes, and the fluid will appear in a state of fermentation. During *frost*, the solution will present a starry appearance, and during *Summer* or *hot weather* the matter will fall to the bottom as a solid substance. Several other predictions might be given, but the glasses as a rule are not to be depended upon.—*Druggists' Circular*.

Action of Gelseminum Sempervirens.—Doctor Roberts Bartholow, of Cincinnati, has published (*Practitioner*, Oct. 1870), some interesting experiments instituted to determine the physiological action of Gelseminum on the nervous system. The following are his conclusions:

1. Being a crystalloidal substance, gelsemiate of gelsemia, the active principle, is rapidly absorbed into the blood.
2. It has a sedative action on the nervous system.
3. It acts chiefly on the motor portion of the cord.
4. Its paralyzing effect is due to its action on the motor centre, and not to an action on the peripheral nerve-fibres.
5. It acts also on the sensory portion of the cord, producing at last complete anæsthesia; but this effect in warm-blooded animals and in man is toxic only, and follows the paralysis of the motor functions.

Hygienic Observations.

WHY DOCTORS DIE PREMATURELY.

BY J. HENRY BENNET, M. D. OF ROYAL FREE HOSPITAL, LONDON, ENG.*

It is admitted by all statisticians that medical men are a short-lived race—indeed, that the standard of mortality in their case is that of unhealthy trades. Why should it be so? As a rule, medical men are well-fed, well-clothed, well-housed members of the community; and the occasional risk incurred in ministering to contagious diseases scarcely accounts for the shortness of their lives, for their premature age, sickness, and death.

Such thoughts have often crossed my mind of late years. When a man has passed his fiftieth year, his contemporaries and companions begin to drop off around him in great numbers, in every class of life; but in our profession the mortality is evidently greater than in other professions. This mortality is also evidently greatest among its most intelligent and most eminent members—a fact which appears to me to contain within itself the key to the question I have put. May it not be that such men succumb and disappear from our ranks *because* they have been great workers, and consequently successful in their generation?

If it is so, if the most valuable lives in our profession are constantly brought to a premature close through the overstraining of vital powers which success brings, would it not be well if the positive danger to life of great success, were more generally enforced and recognized? Our lectures and class-books teem with warnings respecting the dangers of sloth, of inactivity, of mental stagnation. May not a few words of warning be added on the dangers of work and success? If so, they will not come inappropriately from one who failed physically, years ago, through overstraining of mind and body—from one whose recovery has been principally due to his having seen the error of his ways, before it was too late, and to his having accepted and followed the laws of Physiology and Hygiene, formerly ignored, as they are nearly always ignored by the whole tribe of mind and body workers.

The peculiar feature of the medical profession is, on the one hand, that work increases with age, and, on the other, that the public do not consent to look upon aging medical men as veterans, but exact from them to the end the labor of youth. In all other professions, as age advances and renown and prosperity increase, assistance, relief, come naturally. The barrister has his junior counsel who prepare his briefs, the solicitor his head clerks, the vicar his curates, the colonel his staff of officers, the merchant

* London Lancet.

or banker his junior partners or clerks; but the successful physician or surgeon must stand all alone, whatever his age, and do his work entirely himself as long as he practices. Thus, after the age of forty and fifty, the hours of positive work increase very rapidly, instead of diminishing. An officer of fifty or sixty years of age, after seeing thirty or forty years service, is considered to have gained a claim to repose for the rest of his days. Even a missionary, after less than thirty years labor in the cause of religion, is pensioned off, and thought to be entitled to honorable rest for the remainder of his life. But a medical man of fifty or sixty, after thirty or forty years' labor in the cause of health and life, is still called on by public opinion to work like a young man. If he does not rush night and day, not only to assuage real disease, but at the voice of vain fears and caprice, if he transfers night-work, and gratuitous or ill-paid attendances into the hands of his juniors, he is considered hard-hearted, mercenary, devoid of Christian and Samaritan feeling; in a word, public opinion makes it difficult for him to withdraw into the "Arcopagus" of science, to become a deliberative and not a militant member of the profession. Nor is the public altogether to be blamed, because it is only by raising his fees that the medical practitioner can erect the barrier which is to defend him from the burden of work he is no longer able to bear. Thus, to many of the thoughtless it appears as if he merely wished to get a larger remuneration for his services, although his real wish is merely to eliminate, to keep at bay, many of those who would wish to employ him. The only means at his disposal to diminish work brings on him an odium he too often has not the courage to incur; so he works on, old and feeble, responding to every call, until at last death closes the scene, prematurely.

Between forty and fifty, a man of average constitution is quite equal to success and to the hard labor that it entails in any branch of the profession, to work by day and night, to care and responsibility: although the weak ones succumb, as did Dr. Todd, Dr. Brinton, and many others I could name. But when fifty is reached and passed, the human economy begins to decline. The hair becomes gray, the sight fails, the gums abandon the teeth, adeps is deposited in unwelcome regions, and many other signs of nutritive deterioration show themselves. No doubt nutritive power is diminished in the entire economy, and the tendency to morbid nutritive conditions steadily increases.

This is just the time when the labors of the successful practitioner increase to the greatest possible extent; and as the brain is the last to give way in the intellectual man, he works on under mental and nervous pressure. By sixty, or thereabouts, the climax is often reached. The overstrained organization ceases to respond to the mental stimulus, and death ensues through some form of nutritive aberration, which has been slowly but surely pro-

gressing. Such was the case with our recently mourned brethren, Simpson and Nunneley, the one fifty-eight, the other sixty-one.

Can this sad expenditure of life among the worthiest of our profession be arrested, be avoided? I think myself that it might, if we would cease to live as if we were immortal, as if the diseases we saw daily did not pertain to us; if we would listen to the teachings of physiology, and discard the miserable vanity of thinking that we are exceptions to the general rule, and that at fifty or sixty we are as young and strong as at thirty or forty. To accept this lesson, however, we must analyze ourselves, and if we find ourselves wanting in vital power, thrust aside the scarlet cloak of nerve stimulants—alcohol, coffee, tea, by means of which, I believe, it is that efforts inconsistent with real vital and nutritive power are made by workers in general, and by medical men among the number.

A man who meets age or debility, or want of constitutional power by alcoholic stimulants, even in moderation, by coffee and tea, conceals his real nutritive condition from himself. When both the nervous and muscular systems are exhausted, and want repairing by legitimate nutrition—by beef, mutton, bread, and rest, a man may galvanize his economy by nerve stimulants so as to be equal to nearly any thing up to the last. But the process is a destructive one, exhausts vital power, impairs healthy nutrition, and lays the foundation for morbid organic changes.

By alcoholic stimulants, constantly repeated whenever exhaustion supervenes, the power of work may be supported until within a few days or hours of death, as we constantly see in the lower classes of life. Tea and coffee have nearly as great an apparent nerve-stimulating, strength-supporting power. Let any one who doubts it take a cup of strong tea or coffee when exhausted from want of food and from physical fatigue. The craving for nutritive elements to repair waste, and the sense of fatigue, both disappear in ten minutes, and a couple of hours' more abstinence and work are easily borne. But what have we done? The physical organization wanted repair, wanted the elements of nutrition, the nervous system rest, and we do worse that give them a stone, for we flog them, we galvanize them into continued action.

Night-work is principally done on such stimulation. The student, the writer, young or old, who retires to his study in the evening to work, does so on tea or coffee. The tired brain wants sleep; it is galvanized into intellectual labor. Is it surprising that morbid organic conditions should occur in the long run?—for we must recollect that the nervous system rules over all organic and nutritive changes, normal and abnormal.

Every June a *conversazione* takes place at the College of Physicians, which is usually attended by most of the medical and surgical celebrities of the day. This meeting gives an admirable opportunity, year after year, for watching the ravages of time and work. The young physicians and surgeons, as also those

who have acquired reputation but as yet little practice, are more or less pink and rosy; their nutrition is mostly good. But it is far different with the heads of the profession, with the men above fifty, on whose shoulders rests the weight of London consulting practice, and who are making large, often very large incomes; they are mostly pale, or sallow, or anæmic. As I walk among them I feel like Cassandra at the siege of Troy, and mentally prophesy evil—fatty hearts, atheromatous deposits in the arteries, degeneration of tissue, as the probable result of lives passed in contempt of the laws of hygiene and physiology.

What, then, is to be done to avoid the evils of overwork in advancing age? Many of our brethren can not help themselves. They are like soldiers in battle: the *res angusta domi* offer an insuperable impediment. They can not rest; they must go on. But many, on the other hand, could increase their chances of life, if they would by despising riches, by throwing their less remunerative practice into the hands of their juniors, by giving up public appointments, by limiting their labors to what their real, undisguised, unassisted mental powers would enable them to do; and, finally, by retiring from the field of action before life has been used up by work to the last dregs. What if they do retire on a pittance compared to previous gains? Does not the colonel, the admiral, retire on half pay, and constantly live to extreme old age as the reward?

What applies to our medical brethren applies to all; and it is our duty to lay, nakedly and sternly, these facts before erring patients. Is it not very evident that we have recently lost our most distinguished literary man, Charles Dickens, at the early age of fifty-eight, from continued overstraining of the nervous system?—in his case altogether without cause or excuse. On his return from America, he wrote that his readings during his tour in the States had much wearied and injured him. The constant traveling, the excitement of the meetings, the dinners, the receptions, had been too much for him. Had he then been made to understand that he was working against age and impaired vital power—risking his life, in a word—he might have taken rest, and been with us now. But he continued the same labors, the same excitement, and died from brain disease, regretted by a nation, prematurely.

Cows Milk for Infants.—An English physician, Dr. Selby Norton, has recently been investigating the subject of rearing children by hand; his results are given in the London "Milk Journal," from which the "*American Agriculturist*" condenses the following notes: Dr. N. states that 90 per cent of the diseases of children fed by hand are due to improper feeding. Mother's milk is the very best food for the infant; next to this, stands cow's milk properly diluted. So near a perfect substitute is cow's milk

for the mother's milk in chemical composition and adaptability to the infantile stomach, that he deems it a matter of indifference which is used. He utterly discards all the starchy forms of food for infants, that have from time to time been proposed. The milk should be mixed with an equal bulk of water for the first three months of the child's life; after this the quantity of water may be gradually lessened, until at six months the proportions are one-third water and two-thirds milk. From this point to the end of the year, the richness of the mixture is gradually increased to one-quarter water and three-quarters milk, but beyond this the quantity of water is never to be diminished. Among common mistakes of those who feed cow's milk to infants, and which are to be avoided, Dr. Norton enumerated boiling the milk, which coagulates the albumen of the milk and renders it indigestible. The same result follows from adding the diluting water when too hot. Sugar should never be added to the milk. It is a very common custom to sweeten the child's food, but Dr. N. thinks that it interferes with its digestibility. Milk naturally contains a considerable proportion of sugar, but this is sugar of a peculiar kind, and cannot be replaced by ordinary cane sugar. Finally, the milk when fed, should be about as warm as new milk, and fresh and good, while the greatest care must be taken to keep the feeding-bottle clean and free from the slightest curd.

Mental Emaciation.—A strange title, do you say? What new disease is this? Not by any means a new disease, dear reader, but one astonishingly prevalent. The number of men whose minds are weaker and smaller at forty or fifty, than when they were twenty-five, is legion. Their bodies are sleek and plump, their purses, many of them, are fat; both have been well nourished; but their minds are in a feeble, emaciated condition, unable to cope with the great questions of this pre-eminently advancing age.

Engage them in conversation upon any topic involving much grasp of thought; propound to them any one of the great problems of vital importance to the human race; you shall see how their minds shrink from effort they are incapable of performing; and how they fall back on the supports of old superstition and prejudice, and there find rest from the labor such questions involve. This general mental emaciation is one reason reforms move so slowly. The best and strongest minds are tugging at the mysteries of nature, and expending their energies in physical researches. Some intellectual giants are also grappling with problems of social construction, political economy, and morals, but, as their teachings are directed mainly to the mentally emaciated, they make but little headway in correcting existing evils. Men, in the hot pursuit of wealth, which is the most absorbing of present human aims, neglect systematic thought, feed their minds upon little else than the sloppy pabulum of sensational daily papers, and become mentally starved. How few there are that can safely think for themselves upon any subject not immediately

related to their profession or calling. What millions might be counted, who might far better shut their eyes and accept without thought the conclusions of such men as Mill and Spencer than even to attempt to reach a conclusion or form a definite opinion from their own thinking!

Talk with men engaged in professions which imply greater breadth of thought than ordinary business occupations, and how often you will hear the admission, that their habits of thought have unfitted them for correct thinking upon topics which require systematic thought, and strictly logical method! Ask nine out of ten, selected at random, what is their religious belief? and you will find that they either have none, or that they accept a creed they cannot comprehend or explain. If they vote at general elections, they are guided by hastily formed opinions, for which they have never sought good and sufficient reason. Somebody's plausible speech, or some half conceived principle of right or wrong, is enough to influence their action; and so they give their minds the rest they crave, and trust to luck that it will all come right in the end. Many are going on through life, similarly trusting that their future will all come out right—hoping that it will—which they call having faith; and when they suppose themselves to be trusting in God, they are simply trusting in luck.

Hence it follows that sects and creeds multiply, charlatans prosper in politics, religion and medicine, and false teachers only find it necessary to assert, with show of authority and with stimulations of knowledge, to win numerous disciples.

The majority of men prefer to have other people think—or pretend to think for them. Glittering generalities that either mean nothing, or mean falsehood, are accepted as formulas of action, and repeated as maxims for the guidance of individual conduct. If such a formula be attacked by some bold critic who sees its hollowness, the masses who have accustomed themselves to blindly follow, cling to it, refusing to give up that which has saved them the labor of forming an independent opinion, and dreading the mental effort which the formation of new opinions, or the selection of another formula, would entail.

So the world moves slowly in some respects, but it moves. There remains an immense amount of superstition, but day begins to dawn. People are not so easily led blindfold as they were a century ago, and the rights of individual conscience begin to assert themselves.—*Scientific American June 10, 1871.*

Riches and Duty—It is related of Professor Agassiz that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not time to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow men at the same time."

Miscellanea.

Allopathy Embracing Homœopathy.—A correspondent of the Albany *Argus* communicated the following somewhat suprising fact in relation to the Albany Medical College:

"The Hon. Ira Harris delivered the opening address at the College yesterday morning, September 4th. The address was able and interesting, and we were pleased to see many homœopathic physicians in attendance. Mr. Harris is a firm believer in and patron of homœopathy, and fills a chair in the College. It is indeed gratifying to know that the barriers which have hitherto divided the two schools of medicine are being removed, and to see our College taking the initiatory step toward such a desirable achievement. We believe this is the only allopathic medical institution in this country that possesses views sufficiently liberal to allow any of the chairs to be filled by men who firmly and practically believe in the homœopathic doctrine. It is also pleasant to know that several trustees of the College are firm believers in homopathy."

In 1844, the Legislature of New York passed a law authorizing physicians not belonging to the old school to collect compensation for their services; before that the statutes had been shamefully illiberal. The practice in the Assembly, and as far as practicable in the Senate of this State, has been to make up the medical committees of physicians. They were always old school men, and more narrow and bigoted than ever was the most servile Roman Catholic believer in the dogma of infallibility of the Pope. Their committee framed the laws, and all liberal legislation was had in spite of them.

When, finally, the Legislature of 1844 broke the leopard's teeth, a professor in the Albany Medical College addressed the class, telling the students to practice as they pleased, whether "regularly" or otherwise, but always to remain "regular physicians." This Jesuitical policy seems to have been adopted.

We do not imagine that the College has become "liberal," for even homœopaths have shown a desire to fraternize with their old school adversaries, as Pontius Pilate once did with Herod, when they had a disagreeable rival to crucify.

The code of ethics of the old school of medicine is the instrument employed to emasculate the manhood of physicians. The Albany College has not, we warrant, delivered itself from the iron instrument, even through the non-professional chair of Medical Jurisprudence is filled by an homœopathist. When we see a teacher of homœopathy expounding *similia similibus curantur*, and an eclectic instructing in the "more excellent way," we will recal our criticism.—*American Eclectic Medical Review*, Oct. 1870.

May Women Insure?—*New York Times* gives report of a lecture by Mr. Alexander Delmar before the Liberal Club on Statistics of Life and Maternity.—At a meeting of the N. Y. Liberal Club, Mr. Alexander Delmar, late Director of the United States Bureau of Statistics, read a very interesting paper on statistics of life and maternity, the object being to show that insurance companies in the United States are incorrect in assuming that women are subject to greater risk of death than men. The lecturer quoted the authority of Dr. Russell, Registrar of Records, to the effect that insurance companies are incorrect in assuming that women, during their child-bearing period, are subject to greater risk of death than men during the parallel period of life. Such an opinion is not founded on facts. Mr. Delmar read several statistics in support of this theory, of which the following bear directly on the subject, and are interesting in other points of view:

POPULATION OF NEW YORK IN 1870.

Males, 456,819; females, 482,433. Average rate of mortality per 1,000 in each of the years 1866 to 1870:

	Male Rate.	Female Rate.
1866.....	36.3	29.2
1867.....	30.3	24.5
1868.....	31.4	25.6
1869.....	30.6	25.5
1870.....	31.5	26.3

Deaths in the City of New York during the quinquennial period, 1866-70:

DEATHS BY AGES.

	Males.	Females.
Birth to 20.....	38,998	34,124
20 to 45.....	15,692	14,102
45 and over.....	13,022	11,267
Total.....	67,712	59,493

DEATHS BY CAUSES.

	Males.	Females.
Zymotic.....	20,145	18,743
Constitutional.....	15,014	14,316
Local.....	25,308	20,925
Development.....	3,726	4,462
Violence.....	3,519	1,047
Total.....	67,712	59,493

DEATHS BY CAUSES; TWENTY TO FORTY-FIVE.

	Males.	Females.
Zymotic.....	2,653	2,535
Constitutional.....	5,704	5,837
Local.....	5,491	4,653
Development.....	88	746
Violence.....	1,756	331
Total.....	15,692	14,102

Deaths from forty-five to fifty-five: Males, 4,118; females, 2,781.

The lecturer quoted further statistics to show that for one

woman who dies from delirium tremens five men are taken off. He attributed the reluctance to insure female lives to a belief in the English Actuaries' tables which give a greater expectancy for males from twenty to forty years than for women, but these tables were founded on a very limited number of female lives who were insured in England.

Dr. W. D. Whiting admitted that women were longer-lived than men, but that the particular class of women who resort to insurance on their lives are not so. This has been proved beyond any question whatever, which is the cause of charging that class one-half of one per cent. more than the rate for men of the same age.

Other members having addressed the Club, the meeting adjourned.

Nitrate of Amyl, administered by inhalation, is recommended in England for *angina pectoris*.

Number of Physicians and Patients.—It is estimated that there are 50,000 physicians, of all schools, in the United States, and that one-tenth (5,000) of these are homœopaths. There are about a million people constantly sick. The United States provides a surgeon for each 333 men. There should be one physician to each thousand of population for every township; less than this proportion is insufficient.

Sudden Death in Phthisis—The suddenness of death in consumption often puzzles the physician. We see in an English exchange that M. Perroud terminates a paper, which he read at the Lyons Medical Society on this topic, with the following conclusions:

1. Although sudden death in the subjects of phthisis has been noted it has been but little studied, and is in need of further investigation.

2. It may present several varieties—and thus it may be really sudden or only very rapid.

3. Rapid death may have for its cause a mechanical obstacle to the passage of air into the bronchial passages, as in œdema of the glottis, extravasation of blood into the bronchi, the fall of masses of tubercle into the bronchial ramifications, etc.

4. It may also be induced by a mechanical obstacle to the circulation of the blood, as in pulmonary embolism, cerebral embolism, or thrombosis of the cerebral vessels.

5. These two varieties are usually accompanied with their special symptoms, these especially consisting of some of the forms of dyspnœ.

6. Sudden death is the immediate result of nervous action, whether this be reflexed arrest of the heart's action, through the intermedium of the pneumogastric, or a nervous exhaustion of that portion of the bulb termed the vital point (*œeud vital*) by the intermedium of the same nerve.

7. The initial excitation of these nervous acts may have its point of departure in the heart and pulmonary artery, in the larynx and bronchial tree, in the pulmonary parenchyma, or even in the visceral pleura, as some sudden deaths which take place in hydrothorax seems to indicate.—*Medical and Surgical Reporter*.

Professional Cacklers.—The Pacific Medical & Surgical Journal says: There are some men in the profession who make a specialty of cackling. "They can not live in peace with their brethren; their nostrils are constantly penetrated with rank smells; they seldom unite with medical associations, for the reason that certain members are obnoxious to them. Should they join, their first act is to nose out some peccadillo of a fellow-member and raise a fracas. So full are they of the spirit of clique that they see, in all directions, cliques which have no existence but in their own brain. They declaim perpetually about enmities and discords, until they give the impression that the profession is a jumble of strife and faction. Should they ever make an honest attempt to correct an evil, they mar, instead of mending. Blind to the good qualities of others, they have a microscopic perception of faults. Wherever they go they carry an atmosphere of discord. One such individual would destroy the peace of a society or neighborhood. He works by psychical catalysis, poisoning all with whom he comes, in contact-leavening others into his own vicious nature. Every large city has one or more such pests in the profession. What they are good for we have never been able to perceive. That they were created for any good purpose does not appear, unless on the general principle that "nothing was made in vain."

"*United States Medical & Surgical Journal* for January (p. 240) says "two things more than all beside tend to abstract from the dignity and usefulness of our branch of the profession, viz: an illiberal and intolerant bearing toward those who differ from us in our medical views; and a daily disregard of the rights and feelings of our fellows in private practice. If the heresy hunters should betake themselves to some more honorable employment, and the marplots were to mend their manners, the wheel of progress could move more swiftly."

Earth as a dressing in severe burns.—The article in present number (p 314) is copied from "*The Medical Times*," June 1st 1871 published by Messrs. J. P. Lippincott & Co., Philadelphia. We desire to direct the attention of our readers to it as well as to the excellent journal to whom we are indebted for the paper.

Colleges, Societies, etc.

AMERICAN INSTITUTE OF HOMŒOPATHY.

TWENTY-EIGHTH ANNIVERSARY AT PHILADELPHIA.

On Monday evening, June 5, the members were entertained by Dr. Constantine Hering at his elegant residence, Nos. 112 and 114 North Twelfth street. The levee was a decidedly *recherché* affair. There were several hundred ladies and gentlemen present, who found the hospitalities of Dr. and Mrs. Hering all that could be desired. The spacious yard, with its wealth of flowers, was beautifully illuminated, and formed the favorite resort of the evening.

Dr. H. N. Guernsey, of Philadelphia chairman of the committee of arrangements, welcomed the institute in a brief address, to which the president, Dr. D. H. Beckwith, of Cleveland, Ohio, replied.

After the formalities of welcome, the president gave his address.

At the conclusion of the address, Dr. T. P. Wilson, of Cleveland, moved the appointment of a committee of three to consider the president's address and report at an early day. Drs. T. P. Wilson, J. C. Burgher, and I. T. Talbot were appointed the committee.

The following committees were also appointed:

On Medical Statistics—Drs. Henry M. Smith, of New York; Wm. E. Frean, of North Carolina; J. J. Yonlin, of New Jersey; H. M. Paine, of Albany, and J. E. James, Philadelphia.

Committee on Auditing—Drs. L. E. Ober, La Crosse, Wisconsin; I. T. Talbot, Boston; R. F. Baker, Davenport, Iowa; H. M. Paine, New York; S. R. Beckwith, Cincinnati.

Dr. F. R. McManus, chairman of the Board of Censors, announced the desire of the board that the names of all applicants for membership should be made in open session, so that any objection, moral or medical, could be made, and the duties of the board performed with greater efficiency.

The president announced the programme for the entertainment of the delegates during their stay in the city.

The secretary, Dr. R. Ludlam, announced that his annual report would be ready for distribution among the members to-morrow.

The treasurer, Dr. E. M. Kellogg, of New York, reported receipts \$2,170.59, expenditures \$2,805.87.

It was moved to confine discussion to ten minutes, and no member to speak more than twice on any one subject.

Dr. S. M. Cate, of Salem, Mass., chairman of the Bureau of Clinical Medicine, announced the following papers sent in by members of the Institute, which were read by titles and referred: By Dr. F. B. Mandeville, of Newark, N. J., "Shall we vaccinate?" Dr. Burgher, of Pittsburg, on diarrhœa; by Dr. Beckwith, the president, "The prevalent diseases of Ohio, from June, 1870, to June, 1871." Dr. O. P. Baer, of Richmond, Indiana, on catarrhal fever. Dr. Miller, of Syracuse, N. Y., "Medical maxims." Dr. Beckwith, of Zanesville, Ohio, "A new kind of parasite." Dr. S. M. Cate, of Salem, "Scrofulosis."

A report of the Committee on Finance was read, recommending the increase of the annual dues from three dollars to five.

On motion of Dr. Swazey, of Salem, Mass., the by-laws were amended so as to make the annual dues five dollars.

Dr. T. P. Wilson moved to refer to the Committee on President's address.

Notwithstanding Dr. Wilson's motion, the motion to amend was put and carried.

The paper of Dr. Cate upon "Scrofulosis," was then read.

Dr. Watson, of Utica, moved to suspend the order of business for the purpose of taking up the report of the Committee on Legislation.

Dr. Verdi, of Washington, chairman of the committee, read a long paper relating to the efforts made by the homœopaths of the National Capital to overcome the alleged illiberality of the physicians of the allopathic school, and offered a series of resolutions.

After an animated discussion, on motion of Dr. Morse, the resolutions were referred to a committee to report tomorrow morning.

Adjourned until Wednesday, at 10 A. M.

The report of Dr. Verdi was, on motion, referred to the Committee on Publication, and the thanks of the Institute were returned to Dr. Verdi for his efforts in the cause of homœopathy.

Dr. McManus, chairman of the Board of Censors, reported a large number of names of applicants for membership.

THE RIDE IN THE HARBOR.

At four o'clock the members of the institute and their ladies, and invited guests assembled at the Navy Yard, and were received by Commodore Emmons, Captain Pierce Crosby, and other officers attached to this station. The assemblage embarked on a government boat, and were quickly steaming down the river, viewing the notable places on the route, until Fort Mifflin was reached, where, disembarking, the fortifications were examined by the entire party of ladies and gentlemen.

On the return trip the iron-clad fleet at League Island was passed, and created much interest. The party were landed at Chestnut-street wharf amidst cheers for their kind entertainers, after spending two delightful hours on the river. The members of the institute and their friends are much indebted to Commodore Emmons, for the graceful tender of this compliment, and to Captain Pierce Crosby, Lieutenant White, and Sailing-master Chadwick, for their gentlemanly attention to the comfort of the visitors. Among the guests of the institute, we noted Gen. Gregory, United States marshal, and other dignitaries.

In the evening the institute met in the Academy of Music to listen to the annual address. There was a good audience of interested listeners.

The speaker, Dr. T. P. Wilson, of Cleveland, Ohio, was introduced by the president. Want of space precludes giving the address in full.

The *Philadelphia Press* says: A large part of the address following was a condemnation of theology, inspiration, and the pulpit, and a plea for the substitution of the teachings of inductive science in their stead. Belief in inspiration was described as mental slavery, and the pulpit was declared to be the great obstacle to the investigation of truth.

At the conclusion of Dr. Wilson's speech, Dr. D. Thayer moved that, "While we do not unanimously adopt the sentiments of the speaker, we tender him our thanks."

Dr. Toothaker—I wish to say that, as a member of the homœopathic profession, as one who conceives that he understands as well as the orator the great subjects which he has attempted to discuss here so weakly this evening—I wish to say, sir, that as a member of this homœopathic faculty, I wish to protest against ever using the platform of the American Institute of Homœopathy for the promulgation of the Darwinian or any other such theory. [Loud and long-continued applause.]

An amendment was offered that the American Institute denounces the use of its platform for any theological purpose, and the resolution as amended was adopted.

The address was followed by a satirical poem, by Dr. Charles H. Haeseler, of this city, entitled "A Dream that was not all a Dream." It was a take-off on unprogressive medical men. After the poem the audience dispersed.

SECOND DAY.

At ten the members reassembled for business.

Dr. T. S. Verdi, from the Committee on Legislation, proposed the following resolutions in lieu of those offered yesterday:

Resolved,—That the interests of the cause or truth and the interests of humanity rise higher than the distinctive lines of medical schools, and we hold it to be the duty of medical men to disregard such distinctive lines where these higher interests can be subserved thereby.

Resolved,—That the exclusion of medical men from positions of honor and trust in the public institutions of the country or in the Government

service, on account of medical opinions, is an abuse of power, and ought no longer to be tolerated.

Resolved.—That the censure and ostracism with which some medical organizations are pursuing the more liberal-minded of their members, are an invasion of the rights of American citizens, subversive of the freedom of thought and action which should characterize all scientific bodies.

The resolutions were unanimously adopted, without discussion.

Dr. Conrad Wesselhœft, M. D., of Boston, chairman of the Bureau of Materia Medica, Pharmacy and Provings, presented several papers by Drs. J. P. Dake, of Nashville, Tenn.; T. S. Hoynes, of Chicago; Carroll Dunham, of New York, and S. S. Swan, of New York.

Dr. Carroll Dunham, of New York, after reading his own paper and some extracts from a communication by Dr. J. S. Mitchell, of Newburgh, (the entire paper not being readable to the public,) then produced a sample of a root from Ecuador, South America, which is used in the hospitals there, as a specific for the cure of cancer. The ordinary name of the article is "Cundurango." The bark only is used, an infusion made, and small doses only given.

The papers presented were then in order for discussion. The first paper discussed was that of Dr. Dake, of Nashville, on the establishment of a college of provers, which was accepted and referred to the Committee on Publication.

The next paper in order was Dr. Swan's, on provings of various drugs.

Dr. David Thayer, of Boston, introduced this resolution :

Resolved.—That the Committee on Publication be instructed to have papers of the Bureau on Materia Medica and Provings published at once in the type and style of the annual proceedings of the American Institute, and sent to each member.—Carried.

Dr. C. Wesselhoft, the chairman, then read a paper from Dr. Theo. Bacmeister, of Toulon, Illinois, on provings of *Ustilago madis*.

He next read a letter from Dr. J. F. Gilchrist, of Minnesota, announcing the coming publication of a repertory of materia medica.

Dr. C. H. Haeseler, next introduced the subject of having a photographic group of the members, and it was decided that the picture should be taken.

Dr. McManus, president of the Board of Censors, then read the report of the names of applicants for membership.

The report and papers of the Bureau of Obstetrics, were next in order, Dr. Ludlam in the chair.

Dr. H. N. Guernsey, of Philadelphia, read his paper on "Puerperal Convulsions."

Dr. J. H. Woodbury, of Boston, commenced to read his paper on topical application in uterine diseases, when it was moved to adjourn till 10 o'clock this morning, the heat being intense, and the session having lasted four hours. This was carried at once.

In the afternoon the Institute enjoyed a drive through Fairmount Park. In the evening a grand levee was held at Musical Fund Hall. There were speeches, fine music from Carl Sentz's orchestra, refreshments, and whatever could render the entertainment pleasant for the guests.

On Friday the delegates reassembled at the usual place, President Dr. D. H. Beckwith in the chair. The secretary read a despatch from the homœopathic physicians of San Francisco, California, extending an invitation that the next meeting of the Institute be held in that city.

Dr. George F. Foote, of New York, gave an interesting account of the progress now being made to establish a homœopathic insane asylum in his State, and asked that all should lend their aid to forward its erection, as it is more a national than a State institution, although chartered by the State. The Legislature had already given \$70,000 towards its completion, and ground has been broken for the edifice at Middletown, Orange county, New York. The charter provides for a State contribution of \$150,000, provided another \$150,000 is raised by the homœopathic physicians. Hence his appeal.

Dr. J. H. Woodbury, of Boston, resumed the reading of his paper on "Topical application in uterine diseases," which had yesterday been interrupted by a motion to adjourn.

Dr. O. B. Gause, of Philadelphia, read "Criticism on the ordinary rules for the application of the obstetric forceps."

Dr. E. G. Beckwith, of Zanesville, Ohio, read a paper on "Violent after pain with hemorrhage, caused by irregular contraction of the uterus."

Dr. S. S. Lungren, of Toledo, Ohio, gave a short account of a remarkable obstetric case.

Dr. E. W. Townsend, of Greensburg, Pa., presented a paper relative to a case of congenital enlargement of the kidneys of an infant.

The Committee on Credentials reported a list of nearly three hundred members present, embracing delegates or representatives from 15 State medical societies, 42 county and local societies, 20 hospitals and asylums, 22 dispensaries, 9 medical colleges, and 8 medical journals.

Pending the discussion, a committee from the Photographic Convention, through Mr. Loomis, presented an invitation to this convention to visit them at their hall. The invitation was accepted and a vote of thanks tendered.

The discussion was then resumed.

Drs. Haeseler, Clary, Guernsey, and others spoke on the subject, when, on motion, it was postponed.

A recess of ten minutes was taken.

On reassembling, the following resolutions were offered and made the order of the day for to-morrow at 10 o'clock.

Resolved,—That the American Institute of Homœopathy deems it inex-

pedient to have a public oration delivered hereafter by any member of the Institute.

Resolved,—That the president shall make an address at the opening of each session of the Institute, which address shall contain a general review of the progress of medicine and homœopathy during the past year, and such suggestions as he may deem necessary for the Institute to take action on during the session.

The report of the Bureau of Surgery was then presented by the chairman, I. T. Talbot, of Boston.

Essays on various surgical subjects were then presented by different gentlemen.

On Ovariectomy, by I. T. Talbot, M. D., of Boston.

On Hernia, by G. D. Beebe, M. D., of Chicago.

Resection of the Joints, by E. C. Franklin, M. D., of St. Louis.

Recent Surgical Improvements, by B. W. James, M. D., of Philadelphia.

Polypus conjunctiva and Hemeralopia, by T. F. Allen, M. D., of New York.

Fractures by N. Schneider, M. D., of Cleveland.

Means and Instruments for Arresting Hemorrhage, by W. T. Helmuth, M. D., of New York.

Diseases of the Lachrymal duct by C. T. Liebold, M. D., of New York.

Clinical Surgery, by M. Macfarland, M. D., of Philadelphia.

Strabismus, by J. B. Bell, M. D., of Augusta Maine.

On Mechanical Obstruction of the Bowels, and Clinical Cases, by A. R. Thomas, M. D., of Philadelphia.

Intestinal Calculi, by C. H. Vontagen, of Harrisburg.

Clinical Aural Surgery, by H. C. Houghton, M. D., of New York.

Exsection of the Joints and the Use of Wire Sutures, by S. R. Beckwith, M. D., of Cincinnati.

The Paper on "Strabismus" was read by J. B. Bell, M. D.

Dr. T. F. Allen, of New York, then read the essay on Polypi Conjunctiva. He exhibited several drawings of a case which occurred in the Ophthalmic Hospital at New York. Such cases are exceedingly rare, several only being on record.

The next essay was read by Dr. C. T. Liebold, of New York, on diseases of the lachrymal duct and their accompanying organs.

Dr. W. T. Helmuth, of New York, presented his report on "The means and instruments for suppressing hemorrhage."

Dr. B. W. James, of Philadelphia, explained some recent improved surgical instruments.

Dr. A. R. Thomas, of Philadelphia, made a brief report on "Obstruction of the Bowels."

Dr. McManus, chairman of the Board of Censors, then reported the names of persons who had been favorably passed upon by the Board of Censors: Alonzo Potter Bowie, M. D., a grad-

uate of the Philadelphia University, of 1868, recommended by Doctors Case, Rassoë, Parker, McClatchey, and Townsend —

I now come, gentlemen, to give you the names of three ladies.

Dr. S. R. Beckwith. I move that the names of the ladies be not read.

This motion having been seconded, Dr. Beckwith stated his objections.

Chairman. I have taken counsel with regard to this question of most eminent lawyers and judges, and decide the action in Boston (admitting women to membership) unconstitutional.

Dr. Morse. I appeal from the decision of the Chair.

After discussion pro and con. and various motions, a vote was taken on sustaining the Chair, and lost by a vote of 29 to 33.

The motion by Dr. Swazey, to read the balance of the names, was carried.

The names of Harriet S. French, of Philadelphia, recommended by A. R. Thomas, M. D., Henry N. Martin, M. D., and Bushrod James, M. D.; Harriet G. Sartain, M. D., of Philadelphia, graduate of the Eclectic Medical College of Cincinnati, Ohio, session of 1853-'54, recommended by Wm. R. Rodman, M. D., A. R. Thomas, M. D., and H. M., Guernsey, M. D. Mercy B. Jackson, M. D., of Boston, graduate of the New England Female Medical College.

After a number of speeches.

Dr. Lord. There is no doubt but that this institute is competent to determine any mooted question of their own constitution. Now there is no use of having this disturbance. There was a king in Africa, and he kept a man standing before his door all night to give him notice in the morning when the sun was going to rise. The sun was ordered that he must not get up before his Majesty, but his Majesty took particular care to get up before the sun.

Now gentlemen, I don't like the women of course, with a few exceptions. But nevertheless her sun is up. We may not know it, but it is 8 o'clock in the morning. [Applause.] Now it is no use to fool away our time. Let us come right up square to the work, and not wait until noon, when we cannot look at the sun, for as sure as there are women, we have got to submit to their coming here. [Applause.]

After various motions and counter motions, and several ineffectual attempts to postpone action, the convention adjourned until 9 A. M. Friday.

THE BANQUET.

Last evening the members of the institute were entertained by the physicians of Philadelphia in a banquet at the Continental Hotel.

Dr. H. N. Guernsey welcomed the institute in behalf of the

physicians of the city, to which the president replied appropriately.

About four hundred ladies and gentlemen were present, and ample justice was done to the bill of fare.

After the feast came the "flow of reason." the first toast offered was "To the memory of our esteemed medical brethren who have ceased to labor and have entered into rest," the audience standing in silence.

Second. "The President of the United States." Responded to by Hon. William D. Kelley, who paid a tribute to the office and to the man that fills it.

Third. In certis unitas in dubiis libertas in omnibus charitas." Responded to by Dr. Carroll Dunham, of New York.

Fourth. "The spread of Homœopathy." Responded to by Dr. W. H. Watson, of Utica, N. Y.

Fifth. "The Daily Press—the great educator of the Nineteenth century—the chief promoter of the interests of humanity." Responded to by Mr. Coleman, of the *Ledger*.

Sixth. Our medical literature." Responded to by Dr. I. T. Talbot, of Boston.

Seventh. "Medical Associations—at once the most pleasing and powerful agencies for the development and dissemination of medical truth." Responded to by Dr. H. D. Paine, of New York.

Eighth. "Our Medical Colleges." Responded to by Dr. S. R. Beckwith, of Cincinnati.

Ninth. "Our Alma Mater." Responded to by Dr. Wm. Tod Helmuth, of New York, who recited a poem "The memories of twenty years ago."

To the last toast, "the founders of our Institute," Dr. John S. Gray, New York, replied as follows:

The founders desire me to express their thanks to you for your courteous notice, and for them, as for myself, from my heart I thank you for the very kind and most affectionate deportment you have shown to us during this session. You compel us to look back upon that bright epoch in our younger time when we called this association into being with proud pleasure; you compel us to feel, upon most cheering and conclusive testimony, that our early toils were not fruitless—that we have not lived altogether in vain. Old men are made happy by the approbation of the young: the love and reverence of those who are to succeed them is the sole nectar of refreshment for the waning forces of senility.

In return for your friendly greeting I say to you from your predecessors that we are proud of you. This day's session has filled us with joy. The reports from your bureau of *materia medica*, of *obstetrics*, and of *surgery*, tell us that the cause will go bravely on without further aid from us—that we may depart in peace with your benison and love.

The assembly dispersed soon after midnight, thoroughly satisfied with the last day's proceedings and the entertainment of evening.

The Institute met as usual on Friday morning. After the discussion of several important papers Dr. Smith presented the report of the Bureau of Statistics, and in it was contained the amendment making the alteration of article nine of the by-laws, admitting female physicians. The report was received, and the recommendation of the bureau was unanimously adopted. The result was loudly applauded.

The resolutions of Dr. Verdi, which were offered yesterday, were taken up and after discussion they were adopted by a large majority.

Dr Verdi here addressed the meeting and invited the Institute to hold its next anniversary in Washington. Dr. Beckwith presented the claims of Cleveland, Ohio, and Dr. Koch read an invitation from the secretary of the State Society of California for the Institute to meet in San Francisco next year.

These suggestions were discussed at length, and Dr. Verdi stated that it was highly necessary to go to Washington, in order to counteract the influence of allopathy with Congress. He stated in this connection that the allopathic physicians last winter utterly disgraced themselves, the police having had to be called in.

Dr. Ball, of New York, was rather in favor of Washington, as there are a couple of resolutions before Congress which are of much importance to homœopaths.

After a vast deal of voting, resolutions, and reconsiderations, the fight being between Washington and Cleveland, the meeting finally decided, by a vote of 53 to 47, to meet in Washington.

The election for officers was held with the following results.

President, Dr. I. T. Talbot.

Vice President, Dr. Youlin.

General Secretary, Dr. McClatchey.

Provisional Secretary, Dr. Bushrod W. James.

Treasurer, Dr. E. M. Kellogg.

Dr Beckwith, of Cincinnati, made a motion to the effect that all papers and addresses which have been presented to the convention be referred to the Publishing Committee, with power to publish the same.

The motion was amended cutting out the annual address.

Dr. Verdi submitted a motion to the effect that when the convention adjourns it adjourns to meet on the 22d of May, 1872. Agreed to.

Dr. Dudley, of this city, submitted a resolution providing for a convention of homœopathic physicians, to be held in Philadelphia during the Centennial Celebration of 1876. Agreed to.

The report of the Auditing Committee was presented and accepted.

A number of biographical sketches of deceased homœopathic physicians were here presented by Dr. Barlow, and were referred to the discretion of the secretary for publication.

Dr. B. W. James submitted a number of votes of thanks to the newspapers and the managers of the various institutions in the city, who have extended the hospitalities of the same to the delegates of the institute.

Dr. H. M. Smith offered a vote of thanks to Philadelphia, who had so handsomely entertained the institute.

Dr. Ober, of Wisconsin, here arose and said: we have come to Philadelphia feeling very sadly that one we loved (he referred to the late Dr. Walter Williamson) is not with us this morning. I should be very sorry to adjourn until some proper notice be taken on that subject. The speaker moved that a committee be appointed to draw up suitable resolutions on the decease of Dr. Williamson. Adopted.

Dr. Duncan presented the report of the Bureau of Organization, Registration, and Statistics. In the report was a recommendation of a change in the by-laws, introducing the delegate system, which was vigorously opposed. This portion of the report was on motion laid upon the table.

The committee appointed to draw up resolutions on the death of the late Dr. Williamson presented their report, with a series of resolutions of condolence.

Dr. Dunham submitted the report of the Bureau of Foreign Correspondence.

The president Dr. Beckwith, then announced the names of those composing the different bureaus, which are to report next year.

The following is a list of the bureaus, with the names of the chairmen:

No. 1. Bureau of Clinical Medicine—S. M. Cate, M. D., Salem, Mass.

No. 2. Bureau of Materia Medica, Pharmacy, and Provings—Conrad Wesselhœft, M. D., Boston Mass.

No. 3. Bureau of Obstetrics and Diseases of Women and Children—R. Ludlam, M. D., Chicago Ill.

No. 4. Bureau of Surgery—G. D. Beebe, M. D., Chicago.

No. 5. Bureau on Homœopathic Dispensatory—Carroll Dunham, M. D., New York.

No. 6. Bureau of Organization, Registration, and Statistics—William M. Williamson, M. D., Philadelphia.

No. 7. Bureau of Psychological Medicine—Geo. F. Foote, M. D., New York.

No. 8. Foreign Correspondence—C. Dunham, M. D., New York.

No. 9. Committee on Colleges—H. N. Guernsey M. D., Philadelphia.

No. 10. Bureau of Medical Literature—Geo. E. Shipman M. D.

No. 11. Bureau of Ophthalmology and Odontology—Henry C. Angell, M. D., Boston, Mass.

After the appointment of these committees, the convention adjourned to meet in Washington May 22d. 1872.

Homœopathic Society of the State of Kansas.—The third annual meeting was held at Topeka, on Wednesday May 3rd, at the residence of Dr. Seely. A goodly number of physicians were present from Leavenworth, Lawrence, Iola and other parts of the State. In the absence of the President and Vice-President, Dr. R. Huson was chosen President *pro tem*. The censors having reported favorably upon the names of Drs. Shorb and Osborn upon motion, the report was accepted, and the gentlemen elected members of the society.

On motion a committee consisting of Drs. Dick, Klemp and Edie were appointed to ascertain the cost of printing one hundred copies of the constitution and by-laws, to report at the evening session.

On motion of Dr. Seeley it was resolved that a semi-annual meeting of the society be held in each year at the city or town where the state fair meets, and upon the second day of the fair.

On motion it was resolved, to impose a fine of one dollar upon each member for absence from the meetings of the society, and a fine of five dollars upon the Orator and Alternate, for failure to perform their duty, or provide a substitute, also a fine of one dollar upon the essayists, for a failure to read an essay at the time appointed.

After various discussions upon medical and surgical topics, the society proceeded to elect officers for the ensuing year. The following officers were elected: President, Dr. J. A. Rubicon; Vice-President, Dr. S. K. Huson; Secretary and Treasurer, Dr. J. J. Edie; Board of Censors, Drs. Anderson, R. Huson, L. Gramuck and George Dick; Orator, Dr. C. M. Seeley; Alternate, Dr. R. Huson; Essayists, Drs. Dick and Seely; Delegates to American Institute of Homœopathy, Drs. Mayer Marix and George Dick.

The committee on printing made their report, and on motion were discharged, and the Secretary was ordered to have one hundred copies of the constitution and by-laws printed, the cost not to exceed fifteen dollars.

On motion the society adjourned to meet at Topeka, on the second day of the state fair.

J. J. EDIE, *Secretary*.

New York Appropriations for Homœopathic Institutions—*Laws of New York, Chapter 869.*—An Act, making appropriations for certain public and charitable Institutions, passed April 28, 1871; by a two thirds vote. By this Act appropriations are made to the following Homœopathic Hospitals, Dispensaries, etc., etc. :—

For the Hahnemann Hospital of the City and State of New York, to aid in the construction of new buildings	\$ 22,500
For the North Eastern Homœopathic Dispensary....	3,375
“ “ Brooklyn Homœopathic Lying-in Asylum ..	2,250
“ “ Albany City Homœopathic Dispensary.....	5,000
“ “ Morrisania Homœopathic Dispensary.....	500
“ “ Buffalo Homœopathic Dispensary	565
“ “ Western Homœopathic Dispensary, N.Y. City	1,875
“ “ Western Homœopathic Dispensary for Women and Children	375
“ “ Brooklyn Homœopathic Hospital	10,000
“ “ N. Y. Ophthalmic Hospital	2,000
“ “ Bond Street Homœopathic Dispensary	1,500
“ “ Bond Street Branch Homœopathic Dispensary	1,000
“ “ N. Y. Homœopathic Dispensary.....	1,000
“ “ N. Y. Homœopathic College Dispensary....	1,000
“ “ Poughkeepsie Homœopathic Dispensary	800
“ “ Dispensary of the Brooklyn Homœopathic Hospital	1,000
“ “ Gates Avenue Homœopathic Dispensary, Brooklyn.....	500
	<hr/>
	\$ 56,740

The Legislature of N. Y., of 1870 granted the Hahnemann Hospital twenty thousand dollars; and the City of New York ten thousand dollars. The twenty thousand dollars was appropriated to aid in the erection of a new Hospital, the ten thousand to aid in defraying the expenses of the present institution. It will be seen from this that the State of New York has thus in two years time granted forty-two thousand five hundred dollars to aid in the new building, whilst the City of N. Y. has granted the valuable and beautiful site. About ten thousand dollars in private subscriptions have also been raised. The plans for the new hospital have been already selected, and the report of the Building Committee as presented by its Chairman, Dr. Seeger, has been adopted. It is on the pavilion system and embodies the latest and most approved discoveries in the science of Hospital construction. Ground will be broken as soon as the contracts, etc., etc., can be completed.

It is proposed to issue Vol I., Reports of the Hahnemann Hospital. This will be on the plan and idea of the Bellevue, Pennsylvania and other Hospital reports; it will contain papers of the greatest interest; amongst them will be the report of the Building Committee. A beautiful photograph of the new Hahnemann Hospital will decorate the work. The ground and different floor plans will also be inserted. Altogether it will form an interesting work, and it certainly deserves encouragement; it will

be issued by subscription, and those desirous of subscribing may do so by addressing Dr. F. W. Hunt, Hahnemann Hospital, 307 E, 55th Street N. Y. The subscription price is two dollars and a half.

Homœopathy in University of Michigan.—At a meeting of the Board of Regents June 28, Regent Willard read a petition from 53 members of the House of Representatives and 12 members of the Senate, in which the claims of homœopathy were fully set forth, and their desire that the Regents should at once comply with a law passed in '58, by appointing a professor of the homœopathic school to a position in the University, plainly stated. Referred.

Regent Walker also read a paper from certain members of the homœopathic school, residing in Detroit and vicinity, in which they stated that their desire was not to have a professor appointed to a chair of homœopathy in the University at Ann Arbor, but that a school of homœopathy might be established in Detroit as a branch or a part of the University. Gentlemen in Detroit would use their best endeavors to raise \$30,000 if the Regents would consent to the establishment of such a branch and would come forward with their aid.

After reading this memorial, Regent Walker offered the following resolution.

Resolved, That in response to the memorial of L. M. Mason, Chas. Merrill and others, proposing a sum of money or its equivalent toward the erection and conduct of a homœopathic medical school at Detroit, connected with the University, this Board, when duly authorized by law to establish such a school, will gladly receive such gifts and apply the same to the purposes mentioned provided the State or individuals furnish sufficient funds for properly conducting such an institution.

This resolution, after considerable discussion, was laid upon the table, on motion of Regent Willard.

At the meeting of the Board of Regents, held at Ann Arbor on July 11 1871. On motion of Regent Walker, the resolution in regard to a medical school, under the auspices of the University at Detroit, and under the immediate superintendence of homœopathic physicians, which was tabled at the last meeting of the Board, was taken up.

Dr. Ellis, a homœopathic physician from Detroit, was invited to address the board. The doctor in his remarks set forth the advantages which he thought must accrue from a school of homœopathy connected with the University and situated in Detroit. He closed by offering a resolution which he desired the board to pass, but which they did not see fit to do.

Regent Walker moved the passage of the resolution, as it was taken from the table. After remarks by Regent Willard, against any such way of settling the homœopathic question as that proposed by the resolution, and discussion by other members, a motion, by Regent Stockwell, to lay the resolution upon the table, till some further session of the board, was passed.

Subsequently the resolution was again taken up, discussed and lost.

NECROLOGICAL.

Oppolzer.—On the 16th of April 1871 Doctor Johann Oppolzer, Professor at the University at Vienna, and one of the most celebrated physicians and teachers of our time, died of spotted typhus after a brief illness.

The deceased was born on the 3d of August 1808 at Gratzec, Böhmen, of poor parents. His father held the position of steward in the service of the Count Bucquoi. It required the greatest sacrifice and self denial of the parents, to enable them to send the bright and intelligent lad to the college or high school at Prague. This was the last offering of the devoted parents for soon thereafter father and mother died shortly after one another. Young Oppolzer now found himself in the most straightened circumstances. He however supported himself during his student period by teaching. With much difficulty, sorrow and discouragement Oppolzer worked himself along. After pursuing the required course of medical studies he in 1835, took his degree. The title of his dissertation was "*De Febri nervoso intestinali, vago typho abdominali anno 1834 Praga epidemica in nosocomio generali observata.*" He immediately thereafter became busied in the labors of Assistant at the chirurgical clinique under Prof. Dr. Fritz, and after this at the medical clinic under Prof. Dr. Krombholz.

In 1838 Oppolzer began his private practice in Prague, and in this he was most successful. He soon acquired a high reputation and a large practice. After nearly three years of practice Oppolzer received a call to the chair of Professor of Medicine and Chief Physician of the general Hospital (Allgemeinen Krankenhaus) at Prague. The gathering from all parts of Europe to his lectures was simply immense. In 1848 he received a call to the Leipsic high school (of medicine) as Professor of the clinic; and it was here that he was busy and diligent as teacher, physician and Medical director of the Jacobs Hospital. With much pride he received the call in 1856 to the Vienna University, and from this time on he labored as teacher and physician. His reputation as Consulting Physician spread over all Europe. He was the recipient of numerous decorations and honors from different monarchs.

F. S.

Barrett.—Charles B. Barrett jr. M. D., died at the residence of his father-in-law, Dr. Edwin A. Lodge, at Detroit June 5, 1871, aged 25 years.

Dr. Barrett had been practicing at Ionia Michigan since March 1870. In January last he was thrown from his sleigh, about 12 feet, not receiving any severe external injuries but a short time afterwards had hemorrhage of the lungs; from this time he commenced to decline, complications of the heart and glands of bowels supervening. We visited him at Ionia on the 4th of May, finding his ailments much more serious than we anticipated. He supposed that if he was under our care at Detroit we could succeed in restoring him in a few weeks. We were much grieved to be obliged to dis sipate such hope.

He came home and received the kind attention of many friends. When he became conscious that he could live but a short time he longed for release from the tabernacle of clay. He earnestly desired to go home—to be with

Jesus. On Lord's day afternoon June 4, he partook of the Communion singing :

" Beyond the smiling and the weeping

I shall be soon.

Beyond the waking and the sleeping,

Beyond the sowing and the reaping,

I shall be soon.

Love, rest and home !

Sweet Home.

Lord, tarry not, but come, etc., etc.

The Lord tarried not. Ere the dawn of another day he took his spirit to be *with him*. "*Where I am, there shall my servant be.*" E. A. L.

Paine.—At Lake Forest, Ill., June 16, Dr. John A. Paine, in the Seventy-sixth year of his age, father of Dr. Henry M. Paine, of Albany, N. Y.

PERSONAL.

Allen.—Dr. T. R. Allen has removed to Ionia Michigan, to practice with Dr. Edwin Lodge jr.

Bell—Dr. G. S. Bell has removed from Rochester to Litchfield Minn.

Dorion.—Dr. C. N. Dorion of Chicago, has removed to Kansas City Mo.

Hiller.—Dr. F. Hiller has removed from Virginia city Nevada to San Francisco California.

Houghton.—Dr. Henry C. Houghton has removed to No. 50 West Thirty-third street, New York City : Office hours, 8 to 9 A. M., 12 M. to 2 P. M., 6 to 7 P. M.

Kellogg.—Dr. E. W. Kellogg has removed from Southington, Conn. to Hartford Conn.

Lodge.—Dr. Edwin Lodge jr., has succeeded to practice of Dr. Charles B. Barrett jr. Ionia Michigan in connection with Dr. T. R. Allen.

Parke.—Dr. E. C. Parke, a graduate of N. Y. Homœopathic College, has located at Holiy N. Y. He is the first to break the sword of allopathy there, and some say "It don't seem possible." They will find it praticable.

Pierce.—Dr. Levi Pierce has removed from Charleston to Everett Minn.

Stewart.—Dr. J. Stewart has removed [from Sharpsburg, Penn., to Moline Ill.

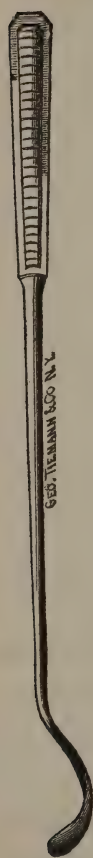
Swan.—Dr. G. E. Swan has removed from Mt. Vernon Ohio to Norwalk Ohio.

Wesselhoeft.—Dr. Conrad Wesselhoeft has removed to 302 Columbia avenue Boston.

Wise.—Dr. Wm. H. Wise, a former resident of Mansfield Ohio, has located at Dunkirk, Hardin county Ohio.

Dr. Bliss, of Washington.—*Advertiser and Tribune* of July 12 says "Dr Bliss so well known in this State, has been expelled from the Medical Association of the District of Columbia—ostensibly because he met in consultation with another physician at Washington, who is of the "regular" school, but who holds a position upon the Board of Health with a homœopathic practitioner, but really because he has been an ardent advocate of the admission of colored physicians into the Association. We congratulate the Doctor on his release from a fellowship that could not have been any honor to him, and advise him to frame his resolution of expulsion and hang it with his diplomas and other evidences of professional good standing."





A



B



C

Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

AIDS FOR THE DIAGNOSIS AND TREATMENT OF CERTAIN DISEASES. *

BY S. FLEET SPEIR, M. D., SURGEON TO THE BROOKLYN CITY HOSPITAL, TO THE BROOKLYN
EYE AND EAR INFIRMARY, ETC., ETC.

EAR-SCOOP. (A.)

Fig. A is a convenient form of ear-scoop, intended for use in extracting wax or foreign bodies from the ear. It is made of rather soft metal, which allows of its being bent to any desired curve or angle. It has the advantage of removing wax, etc., without pressure upon the tympanum. By the curve given to the spoon and the shape of the handle, a rotatory movement can be given to it by rolling the handle between the thumb and fore-finger, so that the instrument passes between the foreign substance and the wall of the canal without pressure from without, and wax will be removed in the form of a cone. The handle being long and thin, this curette may be used through the self-retaining ear-speculum with the great advantage of perfect illumination while the operation is being performed. The operation of removing wax from the ear is rendered less painful by the instrument detaching the wax from a few only of the hairs in the ear at a time.

LACHRYMAL CATHETER. (B.)

The treatment of fistula lachrymalis, dacryocystitis, mucocoele, strictures, inflammation, and abscess of the lachrymal passages, has always been a source of annoyance to the surgeon. I have shared in this annoyance to such an extent as to lead me to add a new instrument for the treatment of lachrymal diseases. It may be called a lachrymal catheter. (Fig. B.)

It is made of silver tubing—having the general form and outline of the lachrymal probe, the difference being that the lachry-

* From *Medical Record*, Wm. Wood & Co., publishers, New York city, June 15, 1871.
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mal catheter is a tube—closed and rounded at the end and opened or slit up the centre, to allow of the passage of liquid through it. It is intended, when introduced into the lachrymal sac or nasal canal, to discharge any accumulation of pus or mucus which may have collected there. The lachrymal catheter is to be introduced in the same manner as the lachrymal probe—after which a slight pressure with the finger upon the sac will speedily evacuate its contents through the catheter. Medicated or simple injections of the lachrymal passages can be made through this instrument without the effect of distending those passages. The use of the lachrymal catheter renders the treatment of the above diseases much more simple than any other procedure with which I am acquainted. The catheter is made of four sizes—two sizes on one instrument, after the fashion of the lachrymal probe.

Usually the smaller sizes number 1 or 2—one large enough for the purpose of discharging the contents of the sac; although when the collection of pus or mucus is thick, or when it is desirable to produce a very free injection, a larger size is more effective.

There are three ways of using the lachrymal catheter: I. For simply discharging the contents of the sac, in which case it affords a free exit to the pus or mucus in a way which is less painful and less injurious than pressing upon the distended sac and trusting to the natural openings alone for the discharge of its contents. In using the catheter for this purpose, it is only necessary to introduce the instrument through the inferior punctum and canaliculus, and to press gently upon the sac, when the pus or mucus will be at once freely discharged. II. To discharge the contents of the sac and to inject it with simple or medicated injections. In this case the instrument is to be introduced into the sac through the inferior punctum and canaliculus, and the injection is to be passed through the upper canaliculus by means of an Anel's syringe. By this operation the injection can be passed through the superior punctum and out again through the catheter lying in the inferior canaliculus, thus affording a means of thoroughly cleansing the sac, and at the same time applying medicated or simple injections.

III. To apply medicated injections to the nasal canal. In this application of the catheter the instrument is passed into the nasal canal in the same manner as is directed for the lachrymal probe, after which the injection is to be passed through the catheter by

means of Anel's syringe, the nozzle of which is introduced at the upper part of the slit in the catheter, and the injection is made through its entire length. A great advantage is obtained by the use of the lachrymal catheter for injecting the lachrymal passages, as by means of it a free current may be made to flow through these passages, which, while it medicates their surface, also cleanses them. By turning the catheter round in the canal while the injection is being made to pass, all sides are easily reached.

THE ECHOSCOPE. (C.)

The special study which diseases of the chest have received at the hands of many of the profession has rendered diagnosis in this department well-nigh perfect.

Nevertheless, accurate diagnosis is quite as much dependent upon the perfection of the auditory faculties of the observer, as upon the actual state of the science.

When hearing is imperfect, or when the sounds emanating from the chest are not well-pronounced, or when slight degrees of difference are to be detected, the unaided organs of hearing are not always capable of defining them.

In auscultation we may increase our hearing faculties to a great advantage by the use of the stethoscope. Why may we not equally well avail ourselves of additional hearing power in percussion? I suggest for this purpose an instrument similar in some respects to the stethoscope, but so modified as to be used to intensify the sounds produced by percussion. The instrument may be called the Echoscope. (C.) It is composed of two tubes curved in such a way that their free extremities may be adjusted to the ears of the observer, and the other ends are connected with a trumpet-shaped sound-receiver, which is supported, when in use, by a rest from the chin of the operator. This contrivance is easily kept in position while the operator is percussing the chest of the patient. The fingers may be used alone, or the pleximeter and hammer—the latter is better, as it gives a more uniform strength of sound.

By this instrument the sounds produced by percussion are greatly intensified; sounds which would be very obscure to unaided hearing become quite distinct, and shades of difference are easily detected.

It affords an excellent means of determining by percussion any atrophy or enlargement of the abdominal organs, as well as effu-

sions into the serous cavities, and also the extent of tumors or aneurisms, etc. The instrument has been kept as much as possible in the form of the double stethoscope, so that by removing the trumpet or sound-receiver, and substituting one suitable for the stethoscope, we may combine the two instruments, so as to make one instrument answer the purpose of two.

I believe that such an instrument may be found useful in some obscure cases, and also as an aid in ordinary percussion.

Besides intensifying the percussion sounds, the Echoscope excludes, to a great extent, any extraneous noise, and concentrates the whole attention on the part examined.

The Tolerance of Chloroform.—Dr. Edward R. Squibb, of Brooklyn, N. Y., (*New York Medical Journal*), remarks that the greatest consumption of chloroform he ever met with was in a patient of Dr. Gustave Morelli, of New York City. This patient was the widow of an Italian physician; her age 48, and her appearance healthy. She was subject to hereditary migratory gout, the sudden pain of which was so severe that she finally gave up all slower means of temporary alleviation for the prompt action of chloroform. Between the 31st of March and the 16th of December, 1865, a record was kept, and during this time, by Dr. Morelli's direction, she was supplied by Dr. Squibb with fifty-three pounds of purified chloroform. During her acute attacks she not unfrequently used two pounds each day.

CASE OF STRANGULATED INGUINAL HERNIA.

Operated on by J. A. Hodge, M. D., and reported by P. G. Valentine, M. D., Henderson, Ky.

Mark Pritchett, mulatto, aged 28, was attacked on the 6th of June 1869 with a strangulated hernia in the right inguinal region.

For fifteen years he had been troubled at times with the bowel coming down into the scrotum, but he had always before been able to put it back himself, swelling never entirely disappearing.

This time it was brought down by going in swimming on the previous day, and jumping into the water several times from some considerable height. It pained him severely all day and all night of the 6th, and on the morning of the 7th I first saw him. He had all the characteristic symptoms of strangulated hernia. The tumor was not large but hard and very tender to the touch. He was greatly excited, pulse quick and hard. He had vomited several times, and had a severe drawing pain at the umbilicus, the only

thing complained of except fever. Abdomen hard, patient very restless, tossing himself about on the bed almost constantly, and sometimes even getting down upon the floor and rolling about vainly trying that expedient for relief.

I ordered ice water to be applied by cloths to the tumor, and prescribed *Nux vom.* 6th decimal dilution, one drop every half hour in two drachms of water. In about six hours the tumor went down to its usual size and the umbilical suffering was gone. The patient was comfortable and apparently relieved.

June 8th.—was called again in great haste. The symptoms had all returned. The same local application and the same prescription ordered as yesterday.

June 9th.—Patient much better, suffering still but greatly relieved. Continued treatment.

June 10th.—Visited the patient, found him entirely relieved, and discharged him this morning.

At 5 P. M., to day, the worst symptoms reappeared, and others of a more serious and alarming character developed themselves suddenly. The former phenomena became excessively aggravated, particularly the drawing pain in the umbilicus which became excruciating.

Hiccough set in and the anti-peristaltic action of the intestines produced stercoraceous vomitings with fœtid odor. Patient had had no action from the rectum for four days. There was great heat and excessive soreness in the groin, uncontrollable jactitation, intense suffering with loud cries and groans of agony. A wild expression of the eyes and great thirst, pulse rapid and thready, and tumor irreducible by taxis.

At this juncture Dr. J. A. Hodge, one of the ablest physicians in this vicinity and a gentleman of learning, with experience in operative surgery, was sent for, and an operation was decided upon at once as the only means promising relief, or of saving the patient's life.

The operation for strangulated hernia was performed skillfully and successfully by him, at 10½ o'clock at night, by the light of two dimly burning kerosene lamps. He was assisted by Dr. Robert Stuart and myself.

Pus was found in the inguinal canal and in the tunica vaginalis.

A portion of the omentum was strangulated in the hernial sac and adherent to its parietes and but a small knuckle of the bowel

had escaped from the abdominal cavity, it had become incarcerated just outside of the external abdominal ring.

The adhesions extended along the canal, and into and through the internal abdominal ring, and partially surrounded it on its peritoneal aspect within the walls of the abdomen. They were broken up by the fingers of the operator and the incarcerated portion of the protruding bowel was safely returned. The surgical wound was brought together by several deep sutures and the patient left for the night profoundly asleep under the influence of the chloroform that had been administered.

Dr. Hodge expressed the opinion, in which Dr. Stuart and myself concurred, that in all probability the patient would not survive the shock of the operation, because of the great suffering and extreme prostration of nerve power produced by the intense inflammation in the strangulated sac which had already produced the above described adhesions turned the bowel dark, and caused suppuration of the omentum. Furthermore, previous to the operation the patient's general appearance was in many respects very unfavorable.

There was an indescribable distress of countenance; an anxious glassiness of the eyes; a sinking tremulousness often portentous of approaching dissolution.

The operation itself however as a surgical operation was successful in relieving the strangulation, and restoring the imprisoned portion of the bowel to its proper cavity. Without this operation a few short hours must certainly have brought on mortification of the protruding viscera and death would have terminated the scene.

June 11th.—Patient still vomiting and hiccoughing and excited but relieved from the exhaustive pain. Pulse feeble and rapid. Ordered some sweet milk to be given and a compress saturated with arnicated water to be kept on the wound and the same solution to be administered internally a drachm every hour.

June 12th.—7 A. M. Stercoraceous vomiting returned, great distress, facies hippocratica, pulse almost gone at the radial artery, extremities cold and damp. Bowels have not acted since the attack came on. Hiccoughs produced loud cries of pain. Considered him moribund.

At 9 A. M., the bowels moved spontaneously and copiously, giving marked relief. Pulse rose at once, and patient

seemed better in every way. Asked for something to eat and got some sleep before night.

June 13th.—Patient slept some last night, but vomits whatever taken. Bowels moved three times during the night. Feels stronger; pulse improved, face not so distressed; hands and feet getting dry and warm; appetite returning. Evidently reaction is taking place. Continue treatment same as on the 11th.

June 14th.—Continues in much the same condition as yesterday. Very little change. Seems more tranquil and hopeful, but has some nausea, breath very offensive. Extremities warm and pulse quite strong. Wound looks dark but not swollen. Prescribed *Arsenicum*³ trit. every 4 hours one grain.

June 15th.—General condition improved. Bowels no better, but the breath is less offensive; and the hiccoughs not so frequent nor distressing. Drank some chicken soup to day. Prescribed *Mercurius vivus*⁶.

June 16th.—Patient continues much the same; sleeps with eyes half open; asks for water often. Bowels moved three times during the night, copious and watery. Pulse good; continued *Mercurius vivus*; a dose after each action. The wound gives off an offensive characteristic odor preparatory to suppuration.

June 17th.—Patient presents encouraging features. Pulse stronger, bowels acted upon but once last night. Hiccough gone; drank a half pint of sweet milk this morning; voice getting stronger. Removed some of the sloughs from the wound and dressed it with Liq-sodæ chlorinatis and water. It has a healthy appearance, but the scrotum is swelling and an abscess will probably be formed in that locality. Continued treatment.

June 20th.—The surgical wound is healing favorably and filling up with healthy granulations. An abscess having formed in the scrotum I lanced it to-day, and gave egress to a large amount of greenish pus much to the relief of the patient. His appetite is now good, bowels in fine condition, expression of countenance bright and hopeful; and has every appearance of a speedy convalescence. Ordered a warm poultice to the scrotum.

June 30th.—It is ten days since writing the last note. Have visited the patient every day to dress his wound. He has not had an untoward symptom since the lancing of the scrotum. He has had the richest diet he could afford.

July 7th.—I discharged my patient to-day, perfectly cured just one month from my first visit and prescription. There are sev-

eral interesting features appertaining to this case worthy of particular mention.

1st.—The complete success of the operation, after the taking place of adhesions in the inguinal canal and internal abdominal ring, the suppuration of the omentum in the sac and the darkening of the incarcerated bowel.

2d.—The recovery from that cold, clammy pulseless state two days after the operation, when he was pronounced moribund, a state from which the reaction begun undoubtedly through the spontaneous movement of the bowels per rectum.

3d.—The formation of an abscess in the scrotum, ten days after the operation which was opened and healed, without interfering with the result of the operation or treatment or producing any ravages; other than the adherence of the testicle to the tunica vaginalis testis.

P. G. VALENTINE A. B. M. D.

Tetanus.—Mesterton of Upsala agrees to to the theory of Billroth, that tetanus must be considered as a *toxæmic* disease, somewhat similar to hydrophobia.

During several years there was not a case of tetanus in the hospital, when a light case of tetanus set in last November, ending fatally in twenty-four hours. Another patient with frozen feet, occupying the same bed five weeks afterwards, succumbed to tetanus in twenty-four hours. Six weeks later another patient with frozen feet, lying in the same ward, became also tetanic and died in three days. In all these cases neither Curare nor Morphine showed the least beneficial results.

Erysipelas and Suppurative inflammations of joints.—Dr Ritzman, a surgeon in one of the Berlin military hospitals remarks, that during the course of traumatic erysipelas, *suppurative inflammations of joints lying superficially under the erysipelatous skin*, are frequently observed. Such articular inflammations remind one of the inflammation of other serous membranes, and as we speak of erysipelatous meningitis, so we may also justly call these articular inflammations erysipelatous; for they are only a direct extension of the erysipelatous process in the synovial membrane of the joint. Volkmann has already showed, that erysipelas is more than a simple superficial dermatitis, that the subcutaneous connective tissue is deeply affected and the œdema so constantly observed is only the expression of a deeply penetrating infiltration.

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Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN N. Y., EDITOR.

CEREBRO-SPINAL MENINGITIS.*

PINCKNEY, MICH., June 14, 1871.

W. S. SEARLE A. M., M. D., *Editor Clinical Department American Observer, Brooklyn, N. Y.*—Dear Sir—I see that my case has finally reached the light. I will say it was reported for the Observer, and that this is written for publication in the same journal.

I reported the case for this reason; that the points involved in that class of cases might be discussed in the pages of our justly esteemed journal. Some one must be willing to bear the scourging that follows any sign of divergence from the beaten track, and it may as well fall upon me as upon another.

The report was not made to inform the medical world that such an one as J. P. Silsby counted one on the list of erring mortals, nor to court the acquaintance of medical celebrities.

My veracity is indirectly questioned in the editorial remarks. That is very well, as Michigan was quite extensively settled by runaway New Yorkers, the association may have an abnormal effect upon the development of the Wolverine, but I have the vanity to think I can pass in a crowd.

We now come to the case. If you will consult Headland's *Action of Medicines* foot note page 210, you will find the following; "Bromide Potassium has also an action on the nerves. In 20 or 30 grain doses, it produces sleep when wakefulness is caused by an irritable condition of the nervous system" (Dr. Brown-Sequard and Dr. Behrend.) That was the condition of my patient, and the result of the treatment was just as might have been expected by the "unscientific" Doctor.

Possibly the following may not be quite orthodox, but I give it as my humble opinion, and it may go for its worth, in visiting these cases we are struck by the prostration of the whole nervous system. The patient complains of fatigue wishes to rest, yet is constantly trying, and in vain, to find an easy position. Answers questions slowly, and without manifesting any interest in

*See Case reported Current Volume, page 290.

the matter, the tongue is protruded slowly, and with an effort on the part of the sick one. The pulse indicates a labored action of the heart. The countenance has lost its expression, or rather changed it for one of languor. The eye has lost its wonted vivacity and is now lusterless. The limbs cold, and in fact every indication is that of rapidly approaching dissolution. In the above condition of the system, I believe all the functions of life are in a very low condition, and what shall be done? Wait for already exhausted nature to rally and save the patient from the jaws of death? She has done her best, and is about to be vanquished. The medical man has been called to assume the fearful responsibility. All the hopes and affection of the little ones, the brightest prospects of a loving wife and mother are thrown into balance, and the brain of the physician must poise that fearful load. Shall he in such a juncture stop to try the effect of minute doses of a remedy that he ought to know is comparatively harmless, or resort to more active measures, and apply such treatment as a man of common sense could not stigmatize as puerile.

I believe the functions of absorption is in just as low a condition as all other activities of the complicated machinery of life and if that is the case none but the most active poisons will make a lasting impression upon the delicate nerve filaments of the absorbent system, and certainly Bromide of potassium and *Cimicifuga* cannot be classed among these. If you give a large dose of medicine to such a patient you cannot reasonably expect to find more than a moiety absorbed; and even that will be imperfectly circulated through the system to the diseased structure. We need fear no harm to the patient as the above case plainly shows. I could give you several cases of typhoid fever treated with much larger doses than Marcy & Hunt recommend and, without boasting, I will say I have treated *several* without a loss, (my veracity for that) In active inflammation, where there is an indication of an exalted action of absorbents, I give small doses, as I expect that my medicines will be heard from at the diseased point, and if, as is never the case in a good constitution, I find my patient tending downward, I select a remedy suitable to the condition of things and give at once a comparatively large dose and await results. If I have accomplished my purpose, it is not repeated, but, you may rest assured, I give another if I think it necessary.

Cimicifuga is used every day by the people in much larger doses than even the "unscientific" administer, and the Bromide is used by the scientific in palpable doses and nobody is killed. Possibly the Bromide "cannot be shown to be homœopathic to that case by any logic," but Brown-Sequard recommends it for that condition of the spinal nervous system, and we find Radcliff ready to admit its influence upon the medulla.

You think my case entirely uninstrusive to the homœopathist. That may be so if he has a law after the Medes and Persians, by which his patient must be cured by rule or die, for fear of offend-

ing the powers that be. The probability is that, in the above mentioned case, death would have claimed his victim in less than three weeks if she had been treated "scientifically" but with a slight deviation from the rule the case came to a speedy termination by recovery. And in view of all the circumstances my advice and practice in a similar case would be as above.

JAMES P. SILSBY.

REMARKS BY THE EDITOR.

We have but a few words to say to Dr. Silsby in reply:

1st. We begged his pardon for doubting his veracity in the outset, and we do so again. But our experience as a listener to narratives of cases both *verbatim* and in print has cultivated the habit of mental reservation, and of taking many such with a large pinch of salt whether they come from New Yorkers or Wolverines.

2d. We should have modified the expression "unscientific" in our criticism by adding "*from a homœopathic point of view.*" certainly we never doubted that the administration of Bromide of potash as the Dr. used it was a part of allopathic science.

Whether it be *scientific* to administer remedies both homœopathically and allopathically at the same time and in the same case, we must leave to each one to decide. Certainly the practice of giving an anodyne to allay present suffering, and at the same time the homœopathic remedy with a view to cure, is common enough amongst us. But surely such combinations render worthless all deductions as to the curative influence of the "similar" remedy, and thus make such narratives "*uninstructive.*"

3d. We characterized the Dr's treatment as "*hazardous*" and as such we still must regard it. He defends the size of the doses administered on the ground of the low vitality of the patient, and her consequent insusceptibility to medicine. And though we personally agree with him, and have always practiced satisfactorily upon the principle that what may be termed states of anæsthesia require the low attenuations and states of hyperæsthesia the higher, still we do not consider this principle as fully established, and hold ourself open both to conviction and conversion. But as a matter of experience we deemed it necessary to characterize the doses of the Dr. as unnecessarily large and therefore hazardous. This, however, is simply a difference of opinion. In reference to the principle referred to above, it is desirable here to remember that some of our best minds hold dif-

ferent views as regards the treatment of diseases marked by great torpor or lack of vitality, and use high, even the highest attenuations in such conditions with great apparent success. "High dilutions for chronic diseases" too, has long been esteemed good theory and practice in our school. For our own part we believe that the selection in chronic as well as acute cases depends on the nature of the disease.

4th. We shall be happy to have more cases from Dr. Silsby, but we beg to assure him that we shall freely sit in judgment upon them, and shall always give him, or any other man, fair play—a chance to strike back when he gets hit.

To all our correspondents we again say send us cases where the relation of the remedy to the diseased condition is clearly marked, and its influence upon it most indisputable—such will always be most instructive.

CASES FROM CLINICAL RECORD, HAHNEMANN HOSPITAL OF NEW YORK.

I. Anna Z., aged 13, admitted February 2, 1871. This girl was extensively burned over the right cheek and ear; the left hand and arm also extensively burned. There were several smaller burns at different places on the neck and right wrist. None of the wounds were very deep, their appearance, however was unhealthy and the secretions thin and sanious.

The girl's appetite was poor and the sleep restless. The burned surfaces were dressed with *Unguentum Calendulæ* applied on English lint. Compresses moistened with weak Carbolic acid were placed over this, and internally *Hepar sulphur* ², a grain three times a day was directed.

February 4th. The ulcerating surfaces have a cleaner appearance; bleed less readily. Same dressings, and internally *Hepar sulphur* ^c, a grain twice a day.

February 6th. The appearance has become decidedly improved. A moderate amount of healthy pus is secreted. Medication suspended. Externally the same dressings.

February 8th, 10th and 12th. The case is progressing favorably. Several of the minor burns have very nearly healed.

February 14th. The burned surface on the left arm has suddenly assumed unhealthy action. The granulations are irregular, large and spongy and bleed readily. The girl is also less lively. Equal parts of burned alum and sugar of milk, triturated, were applied several times each day to the unhealthy surface, but the results were unsatisfactory.

February 17th. The unhealthy surfaces have changed but little for the better.

February 18th. It was now decided to apply the red precipitate ointment (3j to ʒj). This was spread upon English lint and used.

February 19th. The granulations have become somewhat reduced. Same dressing.

February 20th. The appearance of the surface is better than on the preceding day and the tendency is evidently to a reestablishment of healthy action.

February 21st 22d, 23d, 24th, 25th and 26th. The improvement continues. The minor burned surfaces have now healed. A slight tendency to renewal of unhealthy action in the larger and still unhealed surfaces has manifested itself. It is here to be stated that the *Calendulæ cerate* was again applied on the 24th. A somewhat reduced strength was applied and it soon produced a healthier state of affairs.

From the 28th of February to March 12th, 1871, the case rapidly progressed and on the 12th the application for discharge was granted.

II. Eliza N., aged 40, admitted February 3d, 1871. Has been married seventeen years. Has had six children; two still births and two abortions. Uterus is almost at the vulva. Os and cervix uteri inflamed and ulcerated. Dragging pains in sacrum and thighs. Menorrhagia. Leucorrhœa, yellowish and offensive. Vesical irritation. Anæmic appearance of the patient. Bowels constipated. Appetite poor, occasional nausea and empty retching. Pain on the top of the head. She was directed to keep to her bed, with her hips elevated. The womb was replaced by introducing the fingers and pushing it into place. Internally *China* $\frac{1}{10}$ was given, gtt x in four oz. of water. Infusions of powdered *Hydrastis*. Generous and nutritious diet.

This treatment was continued to the 28th of February, by which time the ulcerations had become greatly improved and the inflammatory appearance had nigh disappeared. The menorrhagia had gradually ceased. The vesical irritation had ceased very soon after replacing the womb. Leucorrhœa less profuse and very slightly tinged yellowish green.

The movements of the bowels are still of a constipated character and she has had but two passages since entering the hospital. The general appearance of the patient is considerably improved. Appetite has also improved. \mathcal{R} *Nux vom.* $^{\circ}$ gtt x in four oz of water, a tablespoonful every two hours. She was now permitted to sit up a little at a time.

March 4th. The ulcerations have become much smaller and healthier in appearance. A small piece of fine tender sponge moistened with the *Hydrastis* infusion was now introduced into the vagina, and after this a T bandage was applied externally. The bandage was applied with its top piece folding around the

abdomen and reaching as high as the lower ribs. The last piece was passed between the extremities and attached in front. By this means the sponge was held in place and support was given to the abdominal organs. It is here to be remarked that unless the sponge be frequently changed, each change being accompanied by careful ablution of the parts, it will instead of proving beneficial be a source of irritation and injury. She now sat up the greater portion of the time. The diet was generous and a moderate quantity of Dublin stout was issued to her at dinner. She rapidly gained in health. When the weather permitted she was allowed to take small promenades, and by the 18th of March her health and condition had so much improved that she was discharged. Although there was some ulceration left at the date of discharge, yet the falling of the womb seemed entirely relieved. She would experiment, by leaving out the sponge and the bandage off, for a few hours at a time but no falling or evil results would follow.

Since her discharge from the hospital she has been taken as a patient of the North Eastern Homœopathic Medical and Surgical Dispensary. This was for the purpose of observing the progress of the case. She still kept the sponge and bandage in use. At night she would omit them, taking care to elevate the hips, and on the 15th of April her condition was entirely satisfactory. Ulceration had disappeared; leucorrhœa had ceased. She has had a menstrual period of a regular and normal character. Appetite good. Bowels quite regular. Sleep good.

III. Case of Rev. Swen Johnson, aged 33, admitted the 16th of April, 1871. His constant religious mumblings caused his classification as a religious monomaniac. He would suddenly in the middle of the night strike up a hymn, disturbing the other patients, and drawing forth unchristian blessings upon himself. This finally became so great a nuisance that the Medical Director was forced to threaten expulsion unless he ceased. He still however continued offering up prayers and hymns at bed time and on rising. Visitors he would accost and exhort them to become Christians, etc.. This man was sent by the Rev. Mr. N., minister of the Central Park Baptist Church.

The fingers of the right hand with the exception of the two last, and the fingers of the left, excepting the two last and the thumb, were extensively ulcerated. The thumb of the latter was but slightly involved. This condition was owing to the fingers having been frozen. Owing to lack of funds, he, in travelling from Boston to New York, merely obtained an outside passage. The weather was extremely cold, and he had no gloves, and was obliged to carry his baggage in his hands. He made no complaints against any one on account of the inhumanity of the railroad officials, but to questions in reference to this would answer "God is good," etc. He was entirely destitute of funds. The treatment consisted in dressing each of the fingers with the *Calendulæ*

cerate. At one time the granulating process became unhealthy, but the precipitate ointment quickly rectified this, and on the 20th of March he was discharged, with his fingers fully restored. The middle finger of the right hand at one time, just after entry to the hospital, presented a doubtful aspect. It was so extensively ulcerated that the question of amputation was thought of. At some places the ulcerations almost uncovered the bone. It was, however, concluded to attempt the saving of the finger, and as seen, the result was satisfactory.

Before concluding this article a few words on the value and efficiency of *Calendulæ* in suppurating and ulcerated surfaces may be permitted. Either in the form of a cerate or that of the oil, it has been extensively used, both in the treatment of cases in the Hahnemann Hospital and in the North Eastern Homœopathic Medical and Surgical Dispensary. In cases of burns, as soon as possible we apply the *Calendulæ* oil by means of linen cloths dipped in it and laid over the burned surfaces. But a short time ago, in private practice we were called to a child who had been burned over the right cheek, ear and neck. It was also burned directly in the axilla, and had several smaller burns at other places. The treatment consisted at first of the *Calendulæ* oil and subsequently of the cerate. Very little internal medication was resorted to, and the case progressed to an early cure.

In reference to the use of the sponge placed in the vagina and supported by the T bandage, we would state that we have used it extensively in cases of prolapsus and also as a means of application in cases of ulceration of the os uteri unaccompanied by falling. The results are satisfactory and the use of pessaries is one of the abandoned things in our treatment of diseases of the womb. As has been stated, it is necessary that the sponge be frequently changed. Unless this is done, matters accumulate, decompose and are a prolific source of trouble.

In uterine diseases the pain on the top of the head is a characteristic symptom. Prof. Budd, of the University Medical College of New York city, in one of his clinical lectures, at which we happened to be present, also drew attention to this.

Dr. Waldan, the Oculist, assistant of the late Dr. Von Gräfe, the celebrated German operator, has just performed an operation which attracts great attention in scientific circles. Prince Albrecht, the brother of the Emperor, had returned from the war with a painful eye disease which was recognized by Dr. Waldan as a case of glaucoma. The possibility of thoroughly curing this disease was for the first time demonstrated only a few years ago, with the aid of Dr. Waldan, and in the present case the success of the operation was complete. Dr. Waldan is the husband of the well known actress Liner Fuhr.

ON CANNABIS INDICA IN MENORRHAGIA.

BY WM. C. RICHARDSON, M. D., ST. LOUIS, MO.

In perusing Braithwaites Retrospect, for January 1871, my attention was attracted to an article published in the Medical Times and Gazette, by Dr. A. Silver, M. A., assistant physician to Charing Cross hospital, "on the value of Indian Hemp in menorrhagia and dysmenorrhœa."

I was at that time treating a very intractable case of menorrhagia, on which I had exhausted all the usual remedies, without the least beneficial result; and believing it the duty of every progressive homœopathist to avail himself of any and every means for the welfare of his patient, and the furtherance of professional information, and taking into consideration the specific relation that the other variety of hemp *Cann. sat.* bears to the generative and sexual organs, I determined on, at least, giving, this heretofore little used remedy a trial.

The case referred to is as follows:

Mrs. B. æt. 34, mother of three children, youngest five years old, has not been pregnant since this child was born: has for the last three or four years been troubled with profuse and frequently recurring menstruation.

Present condition. Some eighteen days since her menses made their appearance, since which time they have been very profuse and painful, the discharge being very dark but without clots. Is very anæmic, suffers great mental agitation, anxiety, irritability, nervousness, loss of sleep, (not having been able to sleep for two nights,) pale face, cold hands and feet, *violent uterine colic*, so severe as to induce cramps in the extremities. For this condition she has had such remedies as *Ars.*, *Chin.*, *Cyclamen*, etc., and is apparently getting worse. As a *dernier resort* I now prescribed *Cannabis indica* 1st. dec. dil. gtt. x in a tumbler half full of water, a teaspoonful to be given every hour. On my next visit I learned that after taking the third dose she became calmer, her pains grew less and she fell into a gentle slumber. On awaking the nervousness was gone, the violent colic much better and all her symptoms very greatly modified. I continued the remedy at longer intervals for three days when she expressed herself as perfectly well. She has menstruated at regular periods three times since and each time with less difficulty until the last time which she says lasted only four days and was quite natural for the first

time in three years : she has in the meantime taken no other medicine but the *Cannabis indica*.

The success attending this cure induced me to use the same remedy in :

Case No. 2. Mrs. H. æt. 30, has been confined to her bed for six days with a violent menorrhagia ; accompanied by terrible uterine colic of a spasmodic nature, the pains returning like labor pains, she has also great nervous agitation accompanied with sleeplessness. The Can. ind. was given in three drop doses of the 1st. dec. dilution, every half hour, in a few hours she was very greatly relieved, and by a continuance of the medicine she was in two days discharged cured.

I have given it in several other cases in which I neglected to note the details, but the result being of such a nature as to prove it to be of great utility in those prostrating cases of menorrhagia in which the mental agitation and violent uterine colic seems to be the predominating symptoms ; in such cases I can at least, recommend the profession to give it a trial.

In conclusion I will say that I think our own knowledge, together with the empiric use of this drug in painful menstruation by the allopathic fraternity, are sufficient to call for a proving on women : will some of those noble ladies, who have so lately given us such an excellent proving of *Lilium tigrinum*, come forward in this case ?

DISEASES OF THE LARYNX.*

Laryngitis Chronica Gravis Seu Ulcerosa.

Translated from "Die Chronischen Kehlkopfs-Krankheiten mit specieller Rücksicht auf laryngoscopische Diagnostik und locale Therapie (The Chronic Diseases of the Larynx, with special reference to Laryngoscopy Diagnosis and local Therapeutics). By Dr. Adelbert Tobold, Sanitätsrath und Docent an der Berliner Universität. Translated by F. Seeger, M. D., of New York City.

The alterations of the voice, at the commencement of the disease are various and changeable. As a rule these alterations are aggravated through atmospheric or temperatural changes, continued and persistent speaking, cough and irritating drinks. In cases already far progressed, with considerable swelling of the vocal cords and hypertrophic thickening of the ventricle cords, the voice has a permanently harsh or rough sound or there is even complete aphonia. An irritation inciting to cough is not

* Continued from page 569, December number.

always present, it may even in considerable intensity of the disease be unimportant. So soon, however, as an acute catarrh becomes added, the paroxysms of cough reach an intense height and cramp-like or spasmodic form. The general health generally continues, whilst in some cases a losing of strength and depression of the spirits gain the upper hand.

The course of the disease is more protracted than in the simple laryngitis. The ulcerations heal but slowly, and with this takes place a gradual abatement of the inflammatory or swollen conditions of the mucous and submucous membranes.

Ætiology.—Laryngitis ulcerosa as an idiopathic affection owes its origin in general to the causes already named in the preceding form of disease. A follicular pharyngeal catarrh or a simple chronic laryngitis when neglected and when of long standing also tends to ulcerative process, especially when the patients under oft changing temperatural changes, have to undergo immoderate exertions of the voice. Under these same conditions, existing unimportant erosions, often like to take the form of a more or less energetic ulceration, especially when the simple laryngitis has reached the stage of follicular swelling. The constant contact and rubbing together of the swollen walls herein particularly, form the mechanically acting motive, and consequently the posterior larynx wall which is rich in mucous follicles, the epiglottis protuberance, the lig. ary-epiglottica and especially the continuations of the vocal cords, present a favorable field for the development of ulcerative processes.

We must also bear in mind, that individuals of a tubercular tendency, or who at an earlier period may have been affected by syphilis, have a predisposition to chronic laryngitis with ulcerative formation. The specific character of neither of these conditions can be well discriminated by the laryngoscope, nor does the favorable progress and course of the disease give any hint.

Laryngoscopic Diagnosis.—In laryngitis ulcerosa one of the constant revelations of the laryngoscopic examination is a more or less extensive softening and inflammatory swelling of the mucous membrane and the submucous textures, with infiltration of the glands or follicles upon which latter in the beginning either small flat eroded ulcerations or isolated deeper ulcers may be distinctly observed. The first of these have a smooth bottom, are superficially located, occasionally confluent, and only by the

most careful observation display distinguishable edges, which are surrounded by a more or less inflamed base or else seem covered with small papillary exuberances. They are most frequently found at the continuations of the generally much swollen, inflamed and softened vocal cords, but may occasionally take in the form of a very shallow erosion extending the entire length of the vocal cords.

In the follicular ulcers we observe a deep funnel formed ulcer, which may be observed isolated or as is often the case may be seen as small confluent, irregularly smooth and deeper ulcerations. These may be more often observed in the vocal cords themselves, next at the posterior laryngeal wall, the ventricle cords, the anterior surface of the ary, cartilage and the epiglottic protuberance. Where the ventricle cords are strongly protuberant, so that the vocal cords, especially in inspiration are almost entirely thrown back and display only a protuberant, dirty and eroded edge, we must during the inspection order repeated and strong phonation. By this means the vocal cords are somewhat more displayed and we may gain a clearer picture of the condition of the vocal cords and the thereon situated ulcers. Occasionally there spring forth from the swollen posterior laryngeal wall, papilliform, sharp formations. The epiglottis has generally taken on a more or less and sometimes completely changed form.

Prognosis.—The prognosis is not quite as favorable as in simple laryngitis. Hypertrophic indurations of the submucous textures very seldom return entirely to the normal condition; oftener they leave a perceptible disturbance in the vocal apparatus.

Ulceration with subsequent perichondritis renders possible a perhaps sudden occurrence of glottis œdema. In the lighter cases, however, the larynx may recover its normal anatomical relation and may completely regain its normal physiological functions.

Therapeutics.—Also in this form the local remedies recommended in the simple form of laryngitis are serviceable. The treatment here will have to be much more energetic, and will occasionally require a long time, ere the morbid process turns back and the voice becomes normal.

We now pass to a brief investigation of

INFLAMMATORY AND ULCERATIVE PROCESSES OF SPECIAL PARTS OF
THE LARYNX.

Not unseldom, special or single portions of the larynx are permanently above others, and even entirely independently of other portions, attacked by inflammation and ulceration. We may consequently, fitly place these forms of disease next in order to the chief forms of Laryngitis. As regards the symptomatology, the course and ætiology, we may in general refer to what has been said under the general heading of Laryngitis.

EPIGLOTTIS.

Chronic inflammation of the mucous membrane of the Epiglottis characterizes itself by a deep red, occasionally livid discoloration. This condition is readily perceptible by the contrast of the inflamed epiglottis toward the remaining unaffected surface. The posterior surface as a rule, is oftener affected than the anterior, which may be ascribed to presence of the epiglottic protuberance, which here forms quite a bed of fat and cellular tissue, thus favoring an inflammatory state from the looseness of the connection of the mucous membrane: on the anterior surface the mucous membrane is thinner, and is directly attached to the cartilage of the epiglottis. The anterior surface accordingly displays a prominent red, occasionally blueish-red capillary ramification, whilst the posterior shows a uniform, deep red, velvety discoloration and thickening. Where we have an originally greatly curved or convoluted, and greatly depressed epiglottis, the laryngoscopic inspection may become very greatly hindered by the superadded difficulty of the inflammation. Retraction of the epiglottis is often but the result of a contraction of the tissue of the lig. ary-epiglottica, if this have been affected by a deeply extending inflammatory process or infiltration.

Erosions and ulcerations in the epiglottis, aside from these which are of a specific nature, are not so very frequent. If present, we find the ulcerative process attacking by preference the edge, next the epiglottic protuberance, and the surface extending downward to the glottis. A few times I have observed an extensive loss of substance of the epiglottis, having its cause in an aptherous process. As regards the formations on the epiglottis which have their origin in chronic exudative process, this will be further treated upon in the chapter on New Growths, we have yet to consider a seldom occurring condition viz. that of abscess

on the epiglottic protuberance, that is the single primary abscess as such abscesses, which have their origin in perichondritis, find their further consideration under this latter reading.

The simple primary abscess of the protuberance of the epiglottis, is the product of an inflammation of the submucous cellular tissue, which is rich in actintic glands, and also of the laryngeal mucous membrane itself. The surrounding parts on laryngoscopic examination, we discover to be more or less œdematously swollen, and on commencing ripening of the abscess, the contents may be seen glimmering through the stretched mucous membrane, of a yellowish coloring. High graded cases may give rise to a harassed anxious feeling, often rising to a sensation of want of air or dyspnoea. As the symptoms are exactly the same as in general œdema of the larynx, our only mode of distinguishing lies in the use of the laryngoscope. If an emetic should give no result, the opening of the abscess by means of a curved and sheathed knife, should not be delayed.

ARY-EPIGLOTTIC LIGAMENTS AND FOLDS.

Owing to the extensive mobility and motions of these parts, the mucous and submucous membranes are not unseldom attacked by inflammatory and ulcerative conditions. The reddening does not become so prominent as in inflammation of the epiglottis. The consecutive thickening of the folds may however reach a considerable degree, and thus cause disturbance of the movements of the epiglottis; giving rise to backward inclination of the epiglottis, followed by subjective symptoms of highly irritating deglutitory difficulties, and very great hindrance of the vocal functions, as is also the case in far advanced forms of laryngeal tuberculosis. The primary ulcerations present, display nothing divergent from the usual. They heal under topical treatment in general quite rapidly, and without leaving perceptible traces.

VENTRICLE CORDS OR UPPER (OR FALSE) VOCAL CORDS.

The morbid affections of the ventricle cords, are an essential factor in alterations of the voice. The ventricle cords, through inflammatory swelling may gain greatly in volume, occasionally covering the true vocal cords as far as the median line, and completely filling the morgagnian ventricle. They consequently, simultaneously act as a damper in the vibrating vocal cord, and from the extent and degree of the affection will depend the pos-

sibility of the production of tone. Occasionally, it is not alone interference of the vibration of the vocal cords which the swollen ventricle cord causes; there is even, a median approximation of the vocal cords, a vicarious vibration of the false vocal cords, and the altered voice characterizes itself by a deep hoarse, rough, flapping (*schlotternden*). On laryngoscopic examination we discover at the moment of quiet or strong inspiration, the vocal cords making their appearance as a small edge, whilst in phonation they become completely covered and hidden, both ventricle cords at the same time approximating and giving forth a coarse vibration, not unseldom the consequence of a long existing and neglected inflammatory swelling; of this kind, is a remaining hypertrophy of one or the other, or even of both of the ventricle cords. The local treatment with nitrate of silver, in solution or in substance, is against this form of tissue alteration perfectly effectless. There remains only the decrease of volume through surgical means; causing cicatricial contraction, and for this purpose galvano caustic recommends itself particularly.

VOCAL CORDS.

Healthy vocal cords show a white color like tendon. In females the vocal cords have a right mother of pearl glistening appearance; whilst in males they are of a more dirty, white appearance. This in general to be found appearance, is however subject to various differences. There are people who have permanently more reddened, and otherwise divergent appearing vocal cords, without that we are justified in assuming it as a morbid condition; and without there being any perceptible alteration of the voice, or otherwise subjective symptoms perceptible in the individual.

(*To be continued.*)

WHAT WAS IT?

J. P. SILSBY, M. D., PINCKNEY, MICH.

The following case to me, was one of unusual interest, and I will say, is not quite clear. Will some one who knows, answer this question, was it, at the commencement, a case of bronchitis? If not, what was it? The patient was a child of eight months: a boy always well, up to the date of present sickness: not very fleshy: mother healthy: father has tolerable health with the ex-

ception of occasional attacks of catarrh that almost prostrate him : temperament of both parents nervous.

March 28.—I found this child with pulse 120 : tongue slightly furred : had been troubled with dry cough for two days : but slight fever : appetite poor : would sleep very well, if not troubled with cough : no unusual thirst : nurses well : bowels in good condition. This afternoon the cough became very dry and assumed a form approaching that of membranous croup, but I could not satisfy myself that the case was one of that disease. I gave however a few powders of Kali bichrom. first trit., to be given once in three hours, with a solution of Aconite, first dec, 5 drops in glass one-eighth full water, a dessert spoon half full once in an hour. If awake, to be given all night. The child slept very well after midnight, and was quite smart in the morning. I then discontinued the Kali and told the mother to give the Aconite occasionally during the day. If the cough became dry and harsh, to give another powder of Kali toward night. Night came, and with it the dry cough, but in a less degree. One powder was given, and the child passed a comfortable night.

April 1st.—Called out in the night. "The baby is very bad, come quick." This call gave me a chill, as it was reported during the day to be doing finely. I hurried to the house. The doors were all open, and friends anxiously waiting to see the little fellow breathe his last. Symptoms as follows : coughing every few minutes ; cough dry and harsh ; could hear him ten rods off ; appeared to be in severe pain in chest and bowels, yet breathed between the paroxysms of cough, without increased effort. The pulse appeared to be very much increased by the cough, and I was unable to arrive at a satisfactory conclusion as to its real condition. At the lowest it was 130, and at the highest I was unable to count it. The child appears to be intensely excited ; face red ; eyes injected. I gave a dose of Belladonna first. The cough soon became less frequent, but not changed in character. I then put it on Aconite first, Phosphorus second dilution, five drops in glass half full of water, teaspoonful in alternation every hour. If he appeared excited or extremely restless, the solution of Belladonna was ordered occasionally. I called in the morning, April 2nd, he had slept a little at a time until six o'clock, he then fell into a quiet sleep and rested until nine o'clock. I found him apparently better ; pulse 120 ; cough loose ; chest free from pain ; had nursed well, but as might be expected was languid and want-

ed to rest. I called in the afternoon. The little fellow was reported as doing well, and as far as I could see was no worse. In the evening I was sent for, the child being worse. I found him in terrible distress; his chest appeared to be extremely painful, and every respiratory muscle was in the highest state of activity; the whole thorax working like a bellows. Up to this time there had been no change in treatment, and nearly all the time there had been but little external heat. But at this juncture the skin was quite hot. R 10 gtt. of Lobelia δ to a glass of water, a few drops at a time, every few minutes for an hour, when the oppression of the lungs became less. I then continued the former treatment with an occasional dose of the Lobelia. Called again during the night, and found him doing well; respiration getting easier.

April 3rd.—Slowly improving; Belladonna and Phosphorus alternately every two hours.

April 6th.—There appears to be an accumulation of mucus in the finer ramifications of the bronchial tubes, which up to this date have appeared to be excessively dry. Gave Ipec. first, 10 drops in glass half full of water, teaspoonful four times a day, in place of Phosphorus and Belladonna. From this time the case gradually improved up to the 10th, when it was discharged. During the progress of the case there was but slight indication of nausea, and the tongue was but slightly covered with fur.

REMARKS BY THE EDITOR.

We think there can be no doubt that this case of disease should be classified under the head of what is variously termed "Miller's asthma," "spasmodic croup," "spasmodic laryngitis," etc. The correctness of such a nosology is evidenced both by the symptoms and course of the disease, as well as by the "*juvantia*." There was little or no fever. True the pulse was excited, but such is frequently the case in spasmodic diseases. There was an absence of heat and thirst also. The remedies which seem to have afforded relief most speedily were Belladonna and Lobelia, both of which profoundly affect the nervous apparatus of the respiratory organs. And, lastly, it is stated that when the disease was at its height, the respiration was unobstructed and regular in the intervals between the paroxysms of cough.

Any of our late authorities on diseases of children will afford the doctor clear views of the nature of his case.

ACONITE IN SCIATICA.

BY G. W. STEARNS, M. D., NEW BEDFORD, MASS.

DEAR DR. LODGE,—In the June number of the *American Observer*, page 303, Dr. R. Talmadge refers to an obstinate case of sciatica under his treatment. It reminded of a patient I once treated for the same complaint. He was over thirty years of age, married, a mason by trade; and generally of a robust constitution. He was taken sick in November; and when I first saw the case it had already existed for over six weeks. Two physicians had prescribed for him without relief. His whole body was more or less bloated, looking like a case of general anasarca. He was unable to stoop, to pick from the floor the smallest article. He had not however been confined to his bed. There was persistent pain in the lumbar region, running down one leg to the middle of the calf, along the track of the sciatic nerve. From the history and symptoms of the case, I judged that there was *spinal irritation*, as the primary cause of the pain in the limb.

The following was the treatment. A medicated compress to the spine from the occiput to the coccyx, a glycerole for the limb, and the same remedy internally.

1. R. Aconite rad. θ 3 i
Aqua communis $\frac{3}{4}$ viii

Dip a towel twice folded, apply to the spine, whole length, and cover with dry flannel.

2. R. Acon. radix θ qtt. v
Aqua pura $\frac{7}{8}$ v

Dose—A dessert spoonful every two hours.

3. R. Acon. rad θ $\frac{2}{3}$ i
Glycerine $\frac{2}{3}$ iv
Alcohol $\frac{2}{3}$ i

Mix. Apply with gentle rubbing to the painful limb three times daily.

This was the whole treatment. He began to amend immediately, was riding out in two weeks, and in four weeks was completely cured. Ten years have gone by since, and he is still well. There has been no return of the disease. If there is, in this case, any light to Dr. T., he and all others, are welcome to it.

P. S.—I am afraid the high potency men will be horrified at this report; but I am indebted to the able lectures of Dr. Hempel for this method of treatment. His honorable name is on my diploma.

Miscellaneous Observations.

A HOMILY FOR THE HOMŒOPATHS.

BY DR. NICHOL OF MONTREAL, CANADA.

II.

I come now to speak of the blots still upon our shield—the parasites yet clinging to the stately tree of the *Similia*.

And, first, it is imperative to speak of the defective elementary education of many of our physicians and students. This is an unpleasant subject to dwell upon; and Prof. Scudder in his Homily to the Eclectics, delicately hints that “their students failed in that primary training so essential to true success.” I prefer to be more explicit, to enlarge a little upon what the thoughtful minds of our school feel to be a crying evil. The time was when the primary education of the medical student was almost equivalent to a thorough collegiate training, and at that time very many physicians were Masters of Arts. Every one knows that Channing and Gray, and nearly all our pioneers on this continent, were men of cultured minds. This high scholastic training has gradually declined, till we number in our ranks far fewer graduates in Arts, than either of the other learned professions. From elaborate calculations recently made as to the clergy, lawyers and physicians of New England—that glorious constellation of states which, rightly or wrongly, I regard as being *the brain of the United States* (if I were not a Scotchman I should want to to be a New Englander),—it appears that 75 per cent of the clergy are graduates in Arts, 31 per cent of the counsellors learned in the law, and only 12 per cent of the physicians. This ignorance is, at times, almost astounding. I remember once being present when some students were discussing subjects for their theses, when one suggested “Gonorrhœa and its kindred diseases.” Another student eagerly caught at the idea, and proceeded to jot it down. He made a long dash to stand for ‘Gonorrhœa’—perhaps feeling that he would not soon forget *that* word—when he encountered that abstruse word ‘kindred.’ How did he spell it?

Why, thus—‘c-i-n-d-d.’ Another time I sat on the benches of the Pennsylvania Hospital, while Dr. Pancoast was excising a tumor. Beside me sat a gentleman in gorgeous array, of most intellectual appearance, making notes with a gold case pencil in an elegant note book. He grew familiar,—his section of the United States if not the most intellectual, is assuredly the most genial and jovial—and shewed me his notes, when I remarked that he had headed them ‘An Tummer.’ I have met scores of physicians who could not spell, some who could not write, one or two who had all but omitted reading, from their educational curriculum. The remedy for this disgraceful state of affairs is in the hands of two bodies of men—the physicians and the professors of our Colleges. Let all our physicians determine not to take any young man as student, who does not possess a good English education with, if possible, Latin—or at least its rudiments. When possible, let us get hold of some promising graduates in Arts. I was pleased to see sometime ago in a Chicago Journal, an advertisement for two students “who must be classical scholars and physically well developed.” In view of the size of his own pedal extremities, I presume he would be preceptor wanted students who could match them if possible. Then let all the Colleges institute a matriculation examination, *which shall not* be a sham, and let there be frequent *written* examinations during the curriculum, and as the result of all this, we will have a race of physicians who will equal in learning, the grand old pioneers of the American school of Homœopathy.

The early physicans of our school on this continent were, almost without exception, men of cultured minds, men of mark—and it would have been fortunate for our cause, if all its professional supporters had been men of kindred mind. But their success—a success born of their culture and of their thorough study of *Materia Medica*—excited the attention of the predatory hordes ever loitering on the outskirts of respectability, and forthwith a motley crew got up a smattering of Homœopathy, bought boxes and books, and started on a career of *doctorin’*. Not a few of these were really men of native talent; and they gradually acquired a fair knowledge of medicine, but the vast majority were mere pretenders. In Canada we had our quota of these gentlemen, but our rigid medical laws have stamped them out, so that we have only one or two specimens left. I noted the mode of manufacture once, with a good deal of curiosity. In one of our

Ontario towns, there was the usual allopathic garrison, with the almost inevitable representative of the Similia, for five-sixths of the Ontario homœopathic physicians live, in the peninsula west of Hamilton. One of these allopathic physicians was a man who had coquetted with Homœopathy, Eclecticisim, Hydropathy, in fact with all the systems, and had been "all things to all men" in a sense of which Saint Paul never dreamed. Suddenly one of his brothers—a Jack-of-all-trades, and master-of-none—came to study with him, and after a few months he went forth to practice Homœopathy, omitting the ceremonies of College study, and examinations before the Medical Board. His success was but in different and, after vegetating for a time in a little village, he returned to some one of his many avocations. I think that the *Doctors Dei Gratia*, are becoming fewer in number every year, and in a few years we may look for the extinction of the species.

Many of the weak points of our school are also weak points with the allopaths, and indeed with physicians of all schools. One of the most prominent of these causes of weakness is *small libraries*. Who has not been amazed at the eight or ten battered volumes, which form the library of many physicians of the dominant school? A few years ago I was in the office of a very distinguished allopathic physician, who had precisely eight volumes in his library, and in another instance I noted that the professional library of a prosperous physician, consisted of eighteen volumes, most of them of little practical use. I have seen a library belonging to a homœopathic physician, in which there was no *work on Materia Medica*—although it abounded in books on Surgery. As the natural and inevitable result, this physician's ignorance of the essential part of our science, was simply astounding. A friend of mine, while travelling, was attacked with very severe neuralgia of the genitals, and went to a physician for advice. The illustrious Doctor of Medicine could make nothing of the case, and retired into his sanctum, to look it up in his works of Practice. He stayed so long that the patient, who had a good practical knowledge of homœopathy, helped himself to some Aconite that was on the table, and when the much-perplexed physician emerged from his retreat, the neuralgic pains had disappeared as if by magic. More than once I have noted the absence of books on Surgery, and in one glaring instance there was *no book on Practice* which, after all, did not make much difference, as that particular physician gave Nux, Aconite and

Bryonia in rotation, to nearly all his patients, varying that highly scientific treatment, by swabbing out their throats with a strong solution of Nitrate of Silver. It is not by any means a rare thing, to find homœopathic libraries destitute of the writings of Hahnemann, and I have known a writer on the *Homœopathic Materia Medica*, who never read a line of Hahnemann's writings, and did not possess any of them. At other times the sole work on Practice is that once favorite book *Jah's Clinical Guide*. Macaulay points out that the great difference between the London clergy of the seventeenth century, and the other English clergy, arose from the fact that while the clergy of the metropolis possessed large libraries, the clergy outside of London were almost destitute of books. The result was that the dignitaries of the Church, were almost wholly selected from the ranks of the London clergy, and only one rural parish priest rose to the Episcopal bench, and that was Bishop Bull, who, receiving a large legacy, had the good sense to invest it wholly in books. Many ministers with scanty incomes, possess fine libraries, and the stately libraries of the legal profession are almost proverbial. In this respect many of the laymen of our school are models to the physicians. I have in my mind's eye, a homœopathic layman who has a fine library, including such books as Watson's Lectures, Bæhr's Therapeutics and Dalton's Physiology, and he has attained a mastery over practical medicine which would be a credit to many a physician. This gentlemen, however, is a born physician and would have been one of the brightest ornaments of the profession for which he was so evidently intended. Frederick the Great used to remark that "Providence usually fights on the side of the heaviest battalions," and we may all rest assured, that Providence usually fights on the side of the physician with the largest library.

The time was—and only a few lustrums since—when it was hardly possible to keep a homœopathic journal afloat. Now, all this is changed, and our periodicals are numerous, well-edited and well-supported—presenting a striking contrast to the pitiful collections of scraps and cuttings, which are dignified by the name of journals by our allopathic step-brethren. These relatives of ours are shallow and conceited, arrogant and intolerant, and their journals—readable only when abusing Homœopathy and its votaries—are faithful mirrors of their character. Our journals, though still below an ideal standard of perfection, are infinitely

superior and, consequently better supported. Still, though our physicians are better readers of Journals than their confreres of the *Contraria*, they might do even better than they do. Journals form the advance guard of medical science, facts and cases and remedies are to be found in them years before they force their way into the text books, and the physician who neglects journals fails to keep abreast of his compeers, and falls behind in the race of science.

The typical allopath—as I have just remarked—is shallow and conceited, arrogant and intolerant, and as soon as he gets its degree, he settles down perfectly contented with the very small modicum of knowledge his instructors have been able to hammer into him. That, of course, may do for allopaths, for as all their theories are alike baseless and worthless—save when they are stealing from us—they might just as well follow one dream as another, but the case is different with the homœopathic physician. New applications of our grand Law of Nature are being developed every day—witness Dr. Payne's superb proving of *Lilium Tigrinum*—and fuller expositions of that law are being given, and the Homœopathy of to day is widely different from the Homœopathy of fifteen years ago. Study—faithful and systematic study—is needed, and though physicians of our school are more studious and more intellectual than those of any other school whatever, still there is a higher standard to which they might aspire, a grander perfection towards which they might press.

“Deeper, deeper, let us toil
In the mines of knowledge,
Nature's wealth and learnings spoil
Win from school or college,
Delve we there for richer gems
Than the stars of diadems.”

In my next I will speak of Alternation, and finish this Homily.

NEW YORK, July 12, 1871.

To Dr. Nichol of Montreal, Canada :

1. The German mind is noted to be modest, and has therefore, so far as my readings go, never claimed to be superior to any other nationality in any branch of science; in fact, it is well known that any work, published in England, France or Italy, finds not only a translator, but also a publisher soon after its appearance, because the inquisitive mind of a German scholar

always thinks to find something better in foreign literature, than what is prepared for him in his own market.

2. Of our own *materia medica* the German nation has a right to be proud, and what Hahnemann and his disciples so gloriously began, Helbig, Ægidi, Trinks, the Austrian Provers' Union, and a host of others, enlarged; and without their work, we might justly ask, what would homœopathy be, or even could there be any homœopathy without their labors. All honor to men like Burt, Hale, Dunham, Joslin and other American friends, whose names have a good ring in Europe as well as here; but still I have the audacity to assert that those poor Germans, Hering, Lippe, Wesselhœft and some others, deserve at any rate to be mentioned side by side with our American friends.

3. Dr. Nichol must have been in good luck to meet so MANY German practitioners, who were doctors *Dei Gratia* (will the doctor enlighten us as to what that means?) and were grossly ignorant of anatomy, pathology and surgery, and whom he felt inclined to put comparatively low in the scale.

Question 1.—Were they homœopathic physicians, or belonging to other schools? If practicing homœopathy, it is easily explained, that coming from Germany, full of fervor for their own homœopathy, they felt disinclined to trust the life of their families to *American physicians*, whose only therapeutics were the lancet, Calomel, Quinine and Morphine. They began as laymen, and as then well-educated homœopathic practitioners were a scarcity, practice was forced upon them by their neighbors.

Question 2.—If belonging to other schools, Dr. Nichol certainly does not wish to claim all humbug for England or the United States; or has a poor German not the same right to cheat with Morrison's pills, etc., his gullible neighbor?

Question 3.—Doctors *Dei Gratia* may perhaps be more frequently found in the British Dominions than in Germany, as in England the sale of commissions is allowed by law, and parliament even hesitates now to remove such antiquated feudal customs. *Doctors Dei Gratia*, indeed, in Germany! where even a diploma does not admit to practice, but where, two years after graduating, the candidate must pass a searching examination before a royal medical commission (not professors of the medical faculty); and only after passing this ordeal, will he be licensed.

In one thing, at least, we fully agree: This blessed land of the brave, this "home of the free," is also, and will forever be, the home of homœopathy. Here will it flourish, here bear its best fruits, because there is plenty of room for expansion; here jealousy can never hiss its deadly venom; here one will glory in the success of another; and in that united strength of its five thousand practitioners, it will steadily advance to benefit mankind.

Our colleges, three years' study, most thorough and searching examinations, experienced teachers, etc., etc.!!!

The 14th of July, keep cool!!! Rome was not built in a day!

26—August

A comfort: allopathic colleges are not much better!! But let us hope and work without minding or decrying nationalities.

S. LILIENTHAL, M. D.,
230 W. 25th street, New York.

[I sincerely regret that any words of mine should have given offence to an esteemed colleague, and I will now endeavor to explain my words, and at the same time, reply to the doctor's remarks. In commencing the homily—which, by the way, has met with the warm approval of very many of our best physicians—I spoke of some of the burdens which we as a school had laid down, and I remarked that one of these now obsolete ideas—the superior adaptation of the German mind to the study of homœopathy—was very prevalent in some parts of this continent when I began to study. Dr. Lilienthal may never have encountered this opinion, but I have met with it repeatedly, and I was speaking of my own experience, not of Dr. Lilienthal's. I have the very highest opinion of the German mind, and often remark that in many branches of learning—notably in medicine and metaphysics—the German and the Scottish national minds are strikingly alike, but still the fact remains that many of the German homœopathic practitioners I have met were laymen not physicians. They were necessarily ignorant of the fundamental branches above mentioned, and hence did not appear to the same advantage as they would, if they had received thorough medical educations. Hence the phrase "*Doctor Dei Gratia*," which, by the way, was first applied to such volunteer practitioners by Dr. Dudgeon, and when Dr. Lilienthal reads the second part of the Homily, he will find that all the doctors D. G. are not Germans by any means.

Dr. Lilienthal remarks, "*Doctors Dei Gratia* may perhaps be more frequently found in the British Dominions than in Germany, as in England the sale of commissions is allowed by law, and Parliament even hesitates now to remove such antiquated feudal customs." Here the logic limps a little. Because some commissions are (or rather were) sold in the British army, does it follow that doctors D. G. are numerous in the British Dominions?

As Dr. Lilienthal has alluded to the sale of commissions, let me remark that if he had been familiar with those who have worn the scarlet he would know that the purchase officers had to pass strict and impartial examinations, and that many officers (no less than 435 at one single examination) got commissions without purchase, and that more officers rise from the ranks in the British army than in any other in Europe. Again, the sale of commissions is the very antipodes of the feudal system.

"*Doctors Dei Gratia*, indeed in Germany!" Certainly not! Dr. Lilienthal will notice that I never referred to doctors D. G. in Germany where they are very rare; I spoke of those I had met on this continent, none of whom had passed the examination two years after graduation, or any other examination. Doctors D. G. are exceedingly scarce in Great Britain, and also in Canada, and

they have no such euphonious title applied to them, but are known by a biting word of five letters.

In conclusion, I would repeat that I had no intention of insulting or annoying my fellow-workers of any nationality whatever—least for all of the nationality of the venerated founder of Homœopathy.]

THOMAS NICHOL, M. D.,
155 Bleury street, Montreal.

Progressive.—Prof. Weber in his address at commencement of Detroit Medical College June 28 1871 said ;

Be true to society ; educate the people in matters of health ; instruct in all the laws of sanitary science ; and inculcate as the precursor and epitome of all these the doctrines of Christianity.

Be liberal ; as doctors of medicine practice that broad charity that you do as American citizens, and recognize the right of all to cure the sick, be they homœopaths, hydropaths or eclectics.

Be just ; recognize merit wherever found, whether it be in the attenuated littleness of a small pill, or is rounded out in the fair proportions of a “ regular bolus.”

Be gallant ; accept in the spirit of all the rest the right of woman to compete with you in your noble task, and if with her finer sensibilities and her purer nature she outstrips you, be first to acknowledge the fact, and foremost to aid her on to new victories.”

The curative power of excitement was curiously illustrated the other day in a Connecticut hospital. A rheumatic patient, suddenly discovering the corpse of a suicide in the next cot to his own, sprang out and ran nimbly out of the room, without stopping to say “ good morning ” to his crutches.

Utilization of Sewage.—A novel method of sewage purification and utilization has been devised in England by Dr. Apsley Price and David Forbes, F. R. S. It is founded on the fact that certain mineral phosphates, easily obtainable, especially those containing alumina, when in a hydrated or freshly precipitated state, eagerly combine with the organic matter contained in sewage, it being sufficient merely to agitate them in the most fetid sewage to deprive it of all its odor and color, even if tinctorial substances of great intensity be present in the solution at the same time ; while the phosphate of magnesia combines with the ammonia contained in the sewage, and precipitates it also in the state of the double phosphate of ammonia and magnesia. The precipitate subsides rapidly, and the remaining water is quite transparent and colorless ; it is also nearly tasteless, and can with safety be drawn off and discharged at once into the nearest natural stream. The process is an extremely simple one, and requires nothing beyond an ordinary reservoir for holding the sewage during the operation. The phosphates are preferably added to the sewage in solution, in sulphuric or hydrochloric acid

and their precipitation in the hydrated form, along with the organic matter in the sewage and more or less ammonia (dependent on the strength of the sewage, and length of time it has been allowed to stand,) is instantaneously effected by the addition of a small quantity of milk of lime, just sufficient to neutralize the acid which holds them in solution. The use of the natural phosphate of alumina is especially recommended.

Licensing Prostitution—Editors "*Medical Record*," say well: The discussions concerning the expediency of licensing prostitution have brought to the surface many facts of interest to the social economist. It has been shown that in countries where the licensing system is as perfect as direct legislation can make it, there is not such a decrease in venereal disease as one might be led to expect. Not only is there danger of the propagation of these maladies through the means of the licensed inmates of houses of prostitution, but more especially, and in a very large majority of cases, by clandestine prostitution, which no registry law can reach. But there is another side of this question, which is seldom referred to, but which in reality is the most important of all for consideration. It is the control of the male portion of the prostitutes. Many suggestions have been offered to solve this problem; some of them have been more or less practical, some chimerical, and others ridiculous; partaking of all three of these elements are the suggestions of a victim to the social evil, as offered in a Rochester paper."

She proposes that a policeman be stationed at each house where the "evil" resides, with orders that no man shall be allowed to come in without delivering a pass from a magistrate. The magistrate is to issue passes only to men who present a surgeon's certificate of their recent examination and freedom from disease; and is to keep a record of the passes issued in a book, open to public inspection. To the objection that the publicity of such a record might occasion some trouble in families, as well as to all other objections, she urges the evident fairness of the system, as compared with the regulations proposed, and its equal certainty of effecting good sanitary results."

Brain Weight.—An eminent German Professor once assumed that, as a certain size and mass of brain is essential for the exercise of the mental faculties, therefore all the human race must be furnished with an equal amount of brains. This truly Teutonic theory has since, however, been effectually dissipated. An elaborate paper was read, not very long ago, before the Royal Society, in which the existing evidence as to the weight of brain among different nations was analyzed. The average brain-weight for the English is stated to be 47.50 ounces; for the French, 44.58; for the Germans, 42.83; but there are discrepancies in the results of different observers, some giving a greater average than this to the Germans. The Italians, Lapps, Swedes, Frisians and Dutch

come into the same category with the English. Among the Asiatic races, the Vedahs of Ceylon and the Hindoos give a mean of over 42.11 ounces. The skulls of Mussulman afford a slightly increased average of brain-weight over those of the Hindoos. Two skulls of male Khonds—one of the unquestioned aboriginal races of India—show a brain-weight of only 37.87 ounces. The general average of the Asiatic table shows a diminution of more than two ounces when compared with the Europeans. The general mean of African races is less than that of European races, although there are great differences, the Caffre rising high, and the Bushman sinking low, in the scale. The average of the whole of the aboriginal American races reaches 44.73 ounces, which is 2.14 ounces less than that of the European races. The Australian races show a brain-weight one-ninth less than that of the general average of the Europeans. The Malays and others of the Oceanic races, who migrated boldly, for commercial purposes, over the North and South Pacific Ocean, and occupy the islands, show a tolerably high average of brain-weight; and on arriving at this section, we return in some measure to the large brain-weight of Europeans.—*Once a Week.*

The Variability of Personal Equation.—The interval of time which intervenes between the actual and observed transit of a star, called the personal equation, varies with every individual observer, and is one of the most uncertain elements in chronographic determinations of longitude. It has generally been assumed that the value of this function of time is the same during an entire series of observations. Mr. William A. Rodgers, Director of the University at Alfred, N. Y., has endeavored to ascertain whether the power of perceiving and recording does not vary in the same observer under different conditions, and has given the result of his investigations in *The American Journal of Science*, No. 141, in a paper "On the Variability of Personal Equation in transit Observations." He gives a summary of about 8,000 observations of artificial stars, made of paper and centered upon fine steel wires placed in a vertical position, and so connected with a Bond Chronograph that, by means of electricity, the exact time of opposition was automatically recorded. By using this automatic record as a standard with which the observed time of passage could be compared. Mr. Rogers, Prof. E. M. Tomlinson, and Mr. H. E. Babcock, each made a series of observations from which it was determined that 1. The personal equation is a varying quantity. 2. The probable error of observation is less for an abnormal than for a normal position of the body which is contrary to what would seem a natural inference. 3. An exhausted state of the system produced a slightly favorable result in diminishing the equation. 4. Hunger affects the value of the personal equation. 5. That the mental state of the observer has some influence on the personal equation. Mr. Rogers also gives a summary of his investigations to determine

whether changes in the size, shape, or illumination of the object affect the power of the observer; in conclusion, he states that the results he found do not settle definitely any point except the general variability of the personal equation. We may, therefore, make the general statement that the velocity of thought in the same individual is not uniform, and that while we know that one will think slow or fast, it is still impossible to determine the causes which produce these changes in the speed of thought.

Weather Wisdom.—A rosy sky at sunset, whether clear or cloudy, indicates *fine weather*; an Indian-red tint at sunset fore-shadows *rain*. A red sky in the morning, bad weather, or much wind—perhaps rain. A gray sky in the morning, fine weather; a high dawn, wind; a low dawn, fair weather.

Soft-looking or delicate clouds foretell fine weather, with moderate or light breezes; hard-edged, oily-looking clouds, wind. A dark, gloomy, blue sky is windy; but a light bright blue sky indicates fine weather. Generally, the softer clouds look the less wind (but perhaps more rain) may be expected; and the harder, more “greasy,” rolled, tufted, or rugged, the stronger the coming wind will prove. Also a bright yellow sky at sunset presages wind; a pale yellow, wet; and a greenish, sickly-looking color, wind and rain. Thus, by the prevalence of red, yellow, or other tints, the coming weather may be foretold very nearly; indeed, if aided by instruments, almost exactly. Small, inky-looking clouds foretell rain; light scud-clouds, driving across heavy masses, show wind and rain; but if alone, may indicate wind only.

High upper clouds crossing the sun, moon, or stars in a direction different from that of the lower clouds, or the wind then felt below, portend a change of wind towards their direction. After fine clear weather, the first sign in the sky of a coming change are usually light streaks, curls, wisps, or mottled patches of white distant clouds, which increase and are followed by an over-casting of murky vapor that grows into cloudiness. This appearance, more or less oily or watery, as wind or rain will prevail, is an infallible sign.

Usually, the higher or more distant such clouds seem to be, the more gradual but general the coming change of weather will prove.

Light, delicate, quiet tints or colors, with soft undefined forms of clouds, indicate and accompany fine weather; but gaudy or unusual hues, with hard, definitely-outlined clouds, foretell rain, and probably strong wind.

Misty clouds forming or hanging on heights show wind and rain coming, if they remain, increase, or descend; if they rise or disperse, the weather will improve, or become fine.

When the sea-birds fly out early, or far to seaward, moderate wind and fair weather may be expected; when they hang about the land, or over it, sometimes flying inland expect a strong wind with stormy weather. As many creatures besides birds are af-

fected by the approach of rain or wind, such indication should not be slighted by an observer who wishes to foresee weather, or compare its variations. There are other signs of a coming change in the weather known less generally than may be desirable, and therefore worth notice; such as when birds of long flight,—rooks, swallows, or others, hang about home, and fly up and down, or low, rain or wind may be expected. Also when animals seek sheltered places instead of spreading over their usual range; when pigs carry straws to they styas; when smoke from chimneys does not ascend readily (or straight upwards during calm), an unfavorable change is probable.

Dew is an indication of fine weather; so is fog. Neither of these two formations occur under an overcast sky, or when there is much wind. Occasionally one sees fog rolled away as it were by wind, but seldom or never actually formed while it is blowing.

Remarkable clearness of atmosphere near the horizon; distant objects, such as hills, unusually visible, or raised (by refraction); and what is termed “a good *hearing day*,” may be mentioned among signs of wet, if not wind, to be expected. More than usual twinkling of the stars, indistinctness, or apparant multiplication of the moon’s horns, haloes, “wind dogs,” and the rainbow, are more or less significant of increasing wind, if not approaching rain with or without wind.—[Abridged from Admiral Fitzroy’s *Observations on Weather*, in the Barometer Manual, published by the London Board of Trade.]

The “young moon with the old moon in her arms,” is a sign of bad weather in the temperate zones or middle latitudes,—probably because the air is then exceedingly clear and transparent.

SIGNS OF FOUL WEATHER.

BY DR. JENNER.

*The hollow winds begin to blow;
The clouds look black, the glass is low;
The soot falls down, the spaniels sleep,
And spiders from their cobwebs peep,
Last night the sun went pale to bed,
The moon in haloes hid her head.
The boding shepherd heaves a sigh,
For, see, a rainbow spans the sky.
The walls are damp, the ditches smell,
Closed is the pink-eyed pimpernel.
Hark! how the chairs and tables crack,
Old Betty's joints are on the rack;
Her corns with shooting pains torment her,
And to her bed untimely sent her.
Loud quack the ducks, the sea-fowl cry,
The distant hills are looking nigh.
How restless are the snorting swine!
The busy fly disturbs the kine.
Low o'er the grass the swallow wings;
The cricket, too, how sharp he sings.
Puss, on the hearth, with velvet paws,
Sits wiping o'er her whisker'd jaws.
The smoke from chimneys right ascends.
Then, spreading, back to earth it bends.
The wind, unsteady, veers around,*

*Or settling in the south is found.
Through the clear stream the fishes rise,
And nimbly catch the incautious flies.
The glow-worms curious, clear and bright,
Illumed the dewy hill last night.
At dusk the squalid toad was seen,
Like quadruped, stalk o'er the green.
The whirling wind the dust obeys,
And in the rapid eddy plays.
The frog has changed his yellow vest,
And in a russet coat is dress'd.
The sky is green, the air is still;
The mellow blackbird's voice is shrill.
The dog, so alter'd in his taste,
Quits mutton bones on grass to feast.
Behold the rooks, how odd their flight,—
They imitate the gliding kite,
And seem precipitate to fall,
As if they felt the piercing ball.
The tender colts on backs do lie,
Nor heed the traveller passing by.
In fiery red the sun doth rise,
Then wades through clouds to mount the skies
'Twill surely rain, we see't with sorrow,
No working in the fields to-morrow.*

A Word for the Editor.—Beecher's paper, the *Christian Union*, laments editorially that editors are forgotten in prayer. He

says: "We rarely hear a prayer offered for that class whose thoughts reach a wider circle than do the thoughts of any other—the editors."

These additional observations are made: "If there is any man on this earth who has need of a conscience it is the editor of a popular journal; if any man needs divine guidance it is he; if any human being oftener than another is called upon to do justly, and to show mercy, it is the man who must sift an overwhelming mass of materials, 'gather the good into vessels, and cast the bad away.'"

Dr. Asa Hor, of Dubuque, Iowa, writes to us of an interesting case, and asks whether it be unique or not. Will any of our readers answer the Doctor through our columns? He says that he has under treatment a case of vesico-vaginal fistula, where the cervix and os are hidden, and the orifice is distended by fibrous bands; that he can observe the discharge of the urine into the bladder, and states that it *comes from the ureters in pulsations, with regular intervals of from fifteen to sixteen seconds, the pelvis of the kidneys apparently contracting after the manner of the heart's action.* To us the case is unique, and we shall be pleased to learn of a similar one on record.—*Northwestern Med. and Surg. Journal, Feb., '71.*

Sleep.—Dr. E. Somer has contributed to the *Zeitschrift für Rationelle Medicin*, for 1869, a paper in which he promulgates the doctrine that sleep is nothing else than the result of a *deoxygenation* of the organism. According to his theory, the blood and the tissues possess the property of storing up the oxygen inhaled, and then supplying it in proportion to the requirements of the economy. When this store of oxygen is exhausted, or even becomes too small, it no longer suffices to sustain the vital activity of the organs, the brain, nervous system, muscles, &c., and the body falls into that particular state which we call sleep. During the continuance of this sleep or repose, fresh quantities of oxygen are being stored up in the blood, to act as a supply to the vital powers. Rest produces, though in a less degree, the same effect as sleep, in reducing the expenditure of oxygen.—*Cincinnati Lancet and Observer.*

Erie Railway excursion tickets.—Colonists going west can avail themselves of *reduced rates* of fare and freight for themselves and their household goods. The colonist tickets issued by this Company are sold at greatly reduced rates, and entitle the holder to first class passage on express trains, with 150 pounds of baggage free, at any time within twelve days from date of purchase! Parties purchasing these tickets are also entitled to have their household goods, implements and other freights forwarded at reduced rates, by the car load or hundred pounds. For the especial accommodation of those desiring to visit the West to select lands or homesteads, and then return for their families, this Company

also sells Excursion tickets to Kansas City, good for round trip passage within thirty days from date of purchase. For Colonist tickets, Freight rates, &c., to Kansas City, St. Joseph, Atchinson, Leavenworth, Lawrence, Topeka, and other places in the West, apply personally, or by letter, to the Agents of the Erie Railway Company, at any of the principal Stations and Cities.

Foreign Journals.—There is just now a perfect dearth in our medical journals. The French have ceased to exist, I thought to give some articles on French and German ambulances and field hospitals, but they were no better, *if so good*, than in our late unpleasantness; and even in Paris *l'ambulance américaine et l'ambulance autrichienne* were in their effectiveness far in advance to any French one. S. L.

Lilium tigrinum.—Dr. G. W. Hebert reports: I find the Lilium an excellent remedy. I have used it with excellent results in a case of dementia produced by business discouragements and sexual excesses.

British Congress of Medical Men Practicing Homœopathy.—This important meeting will be held at Oxford, England, on Wednesday the 27th September. The meeting will take place at the Rudolph Hotel Beaumont street. The President Dr. Madden will deliver an address *on Therapeutics in its relation to modern Physiology*. Papers have also been promised by Dr. Black of the British Homœopathic Society, *on Posology*; By Dr. Dunn of the Northern Homœopathic Medical Association on thirty years experience of Homœopathy applied to Surgery and Obstetrics; By Dr. Wynne Thomas of the Midland Homœopathic Society, Reports of surgical cases; by Dr. Moore of the Liverpool Medico-Chirurgical Society *on Uterine and Ovarian Diseases*.

Membership of Congress will be restricted to duly qualified members of the Medical Profession Practising Homœopathy. The President will take the chair at 10 o'clock in the morning. There will be an adjournment at one o'clock for an hour. The members will with any friends they may chose to invite, dine together in the evening. Dinner will be served at six o'clock, no paper will, with the exception of the President's address, occupy more than twenty minutes in reading, and the observations of members in the discussions following the papers will, it is expected, be limited to ten minutes each. The Secretaries on this occasion are Dr. Gibbs Blake, 24 Colmore Road, Birmingham and Dr. Collins, Easton Place, Leamington. It is hoped that all gentlemen who intend to be present at the Congress will communicate with the secretaries before the 23d. of September in order that time may be allowed for making the necessary arrangements.

Spooner.—The *New York Tribune* says: The lovers of fair play, whether disciples and defenders of allopathy or homœopathy, will accept as sensible the decision of the Commissioner of Pensions in restoring to his position as Examining Pension Surgeon Dr. Stillman Spooner of Oneida, New York. It appears that Dr. Spooner, who was removed by the former Commissioners of the Pension Bureau because he was attached to the Homœopathic School of Medicine, is a regular graduate of that school, with an honorable record; his removal was protested against by many citizens of Oneida, and his reinstatement seems an act of justice to the man and to the particular school which he represents. Of course the decision of the Commissioner (which is indorsed by the Secretary of the Interior) is not to be taken as an encouragement to “self-taught” homœopaths whose “directions for use” constitute their printed diploma only.

Commissioner of Pensions.—Hon. S. H. Baker is now commissioner of pensions in place of Dr. Van Aernam removed.

Carbolic acid with Steam Atomizer.—Dr. Meusel of Gotha applied Sigle’s steam atomizer during an epidemic of nosocomial gangrene in the military hospital, irrigating the wound day and night with the vapors of a solution of Carbolic acid (1 to 15). The wound became rapidly clean, and it is worthy of remark, that the patients asked for the apparatus on account of its anæsthetic power.

Differences among Doctors.—A recent writer in the *British Medical Journal* inclines to the belief that differences of opinion are not more common between medical men than between lawyers—perhaps not so much so. He says: “The analysis of the decisions of Lord Giffard, sitting in appeal cases alone, from January to June, 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion among medical experts, in courts of justice, it must be remembered that in the great majority of cases to be decided—say ninety per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubt and difficulties arise that a judicial decision in court is ordinarily asked. The cases of agreement, which are most numerous, are settled out of sight.” We certainly think that a doctor, when duty calls him into court, sees in six hours more quarreling between lawyers over points of difference of opinion than among his brother practitioners in six months—*Philadelphia Medical Times*.

Shampooing.—The Turkish bath is a thing to be avoided by philanthropists, for their money is expended not on the poor, but on the sham-poor.

Climatology.

SOUTHERN PORTION OF BLUE RIDGE.

EDITOR OF OBSERVER—Will you permit me to say that experience has fully confirmed the conclusions at which I long since arrived relative to the superiority of the southern portion of the Blue Ridge region, in North Carolina and Georgia, as a place of resort for consumptives? The improvement on the part of those consumptives who have tried it, I believe to be unparalleled in the temperate zone. Nowhere else has there been, so far as I am informed, so great a ratio of recoveries in well marked and advanced cases.

There are cases undoubtedly in which the constitutional tendency is so strong that no means will avail at any stage of the disease. Persons, also, who are at the door of death, will continue to resort to regions that have acquired any celebrity on account of their sanitary influence. Such has been the experience in regard to western North Carolina, as well as with regard to other regions.

One lad died on the way. One lady, whose friends doubted whether she would survive the journey, lived to reach Asheville, and lingered several months.

And no doubt these experiences will be repeated. But were I to detail the condition of various invalids, who have visited Asheville, together with the facts of their improvement, I am sure that I should be regarded as a deluded man. And yet the subsiding of cough, the allaying of fever and the acquisition of flesh, strength and healthful color, and that in cases that were regarded as desperate under ordinary conditions, are facts that cannot be gainsaid. I must confess that I was for a time at loss to account satisfactorily for the superiority of the Blue Ridge region over the Rocky Mountain plateau. It seemed in view of the superior dryness and altitude of the latter, that it should, notwithstanding its greater liability to fluctuations of temperature, prove more restorative than the former. But I have arrived at the conclusion that an atmosphere may be too dry and irritating for the subjects of pulmonary tuberculosis. At all events, there exists in the air of the great interior plateau a marked tendency to quicken the pulse, and this, in the consumptive, is attended by a febrile excitement that is unfavorable. This is eminently the lesson of experience in regard to the Rocky Mountain region and in a degree in regard to Minnesota. It is worthy of observation also that the Peruvian highlands, which have afforded results in consumption unparalleled in the world, fall short of the dry interior of the United States, in point of dryness of atmosphere. At least the rainfall not only exceeds by many inches, that of the latter region, but considerably that of western North

Carolina. But the Peruvian region has greatly the advantage of western North Carolina in point of altitude and of uniformity of temperature; in the latter particular immensely excelling our interior, as it does considerably in the former point also.

I presume that better results would be obtained at a greater altitude than at Asheville. And there are numerous accessible points in western North Carolina and northern Georgia, of much greater elevation.

Equally well sustained are the statements which I have made relative to the climate. It is true that the last summer was an unusual one in western North Carolina, as well as throughout the greater part of the country, the season being as remarkable in the former for excess of rain as in the latter for deficiency. This excess rendered the summer less pleasant and less healthful than usual.

But while the thermometer marked 100° F. and upward in almost every State and Territory, its maximum at Asheville was 87, the same that it indicated during the excessively hot July, of 1868.

The beneficial influence of the climate in pulmonary tuberculosis, together with the absence of extreme heat may now be considered as established.

H. P. G.

P. S.—I suspect, from the influence of the climate of California on consumptives, that the atmosphere partakes of the same irritating quality which characterizes that of the Rocky Mountain plateau. There is ground for this opinion, in the feeling or excitement which is experienced by almost all who come under its influence.

The opinions that I have advanced in regard to Florida, are being sustained. Indeed, it is amazing how any one could ever have come to regard its hot, moist atmosphere as rendering it other than an unfit abode for the white man, however well I may harmonize with the constitutions of the dark-hued races.

The Climate of Knoxville, Tenn.—Dr. F. K. Bailey, of Knoxville, Tenn., (*Chicago Medical Examiner*), in answer to inquiries made upon this subject, says that many asthmatical patients from Maine to Ohio, come to that section of East Tennessee, and after a residence of one or two years are materially benefitted. To sufferers from malarial diseases, in whatever region of our common country they may reside, it may be said with certainty the equable mountain air will prove a cure. Of this he speaks with assurance, from its influence upon his own health and the assertions of others.

Book Notices, etc.

DR. T. S. HOYNE'S MATERIA MEDICA CARDS, Published by Dr. T. S. Hoyne, 817 Wabash Avenue, Chicago, and for sale at Detroit Homœopathic Pharmacy, 57 and 59 Wayne st.

The 4th Group of Dr. T. S. Hoyne's Materia Medica Cards, consisting of *Alum*, *Caust.*, *Cham.*, *Cocc.*, *Hep.*, *Natr-c.*, *Plat.*, *Spig.*, *Stram.*, is now ready for distribution.

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Single groups mailed free on receipt of 60 cents—the four for \$2.30.

Those who have already purchased the first three groups will be furnished the fourth for 55 cents.

The following have been received and will be noticed hereafter :

THE HOMŒOPATHIC DOMESTIC MEDICINE, by Joseph Laurie, M. D., edited and revised by R. J. McClatchey, M. D., published by Boericks & Tafel, New York and San Francisco. Price, \$5.

THE REJECTED ADDRESS, man's true relation to nature, his origin, character and destiny, by T. P. Wilson, M. D., published by L. H. Witte, No. 17 Public square, Cleveland, Ohio.

ON SYPHILITIC EPILEPSY, by Reuben A. Vance, M. D.

A GUIDE FOR EMERGENCIES, containing the homœopathic treatment, for the use of families, 3rd edition, by Henry B. Hillard, M. D., A. M.

NEW REMEDIES, a quarterly retrospect of therapeutics, pharmacy and allied subjects, by Horatio C. Wood, jr., M. D., New York, published by Messrs. Wm. Wood & Co.

AN ADDRESS BEFORE THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY, by Daniel Holt, M. D.

LAST ILLNESS OF DR. ALDEN MARCH, a criticism on the management of his case.

MEDICAL ETHICS AND MEDICAL DISSENSIONS, a paper read before the Albany County Medical Society, by Charles A. Robertson, A. M., M. D.

OVARIOTOMY, A CLINICAL REPORT OF EIGHT CASES, by Gaylord D. Beebe, M. D., of Chicago, Ill.

LECTURES CLINICAL AND DIDACTIC ON THE DISEASES OF WOMEN, by R. Ludlam, M. D., Part III.

OFFICIAL REPORT OF NATIONAL INSURANCE CONVENTION, New York.

MODERN SPIRITUALISM, by J. S. Douglass, A. M., M. D., Ph. D.

MODERN MEDICINE AND HOMŒOPATHY, by Dr. J. Drysdale.

MEDICAL AND SCIENTIFIC CIRCULAR AND COLLEGE REGISTER, 1871, New York, Wm. Baldwin & Co.

PHYSICIANS MONITOR, 1870, New York, W. A. Townsend and Adams.

The Laugh Cure.

"A MERRY HEART DOETH GOOD LIKE A MEDICINE."—PROVERBS.

A Wish.—A subscriber whose remittance was lost in the mail thus gives vent to his feeling: "I wish the thief may be taken sick and would fall in the hands of an allopathic physician, this would be a worse punishment than a legal prosecution."

Work and pay.—It was not long ago declared that the laborer was worthy of his hire. It may be presumed, however, that the laborer referred to is competent for the employment he undertakes. It is narrated that a pavior, to whom Dr. Radcliff owed some money, caught him one day just as he was getting out of his chariot, at his own door, in Bloomsbury square, and commenced dunning him. "Why, you rascal," said the doctor, "do you pretend to be paid for such a piece of work? you have spoiled my pavement, and then covered it over with earth to hide your bad work." "Doctor," returned the pavior, "mine is not the only bad work the earth hides." "Ah," said the doctor, "are you a wit? if so you must be poor—come in and get paid," *Mich. Univ. Med. J.*

Too small a fee.—About twenty years ago, a rich southern planter came from his far off home to Philadelphia to consult Dr. H.—a distinguished Homœopath. Having been duly examined and furnished with his little package, and while the doctor was too busy to notice what he was doing, he laid a ten dollar gold piece on the table, and soon after left for his hotel.

A moment later the doctor discovered the coin and exclaimed, to his student—"Mein Gott!—run after him with the change"—(\$9.50). The planter being caught and told that an error had occurred, in regard to the fee, thrust his hand into his pocket and asked how much more was due. Being informed that the whole charge was but *fifty cents*, and having pocketed his change the astonished planter took the package of powders from his pocket, and after viewing it contemptuously for a moment, threw it into the gutter, exclaiming—"it is too cheap to be good," and so went his way. D.

A hat story.—It is quite a common thing to change umbrellas—also the change hats. Dr. Foy, the well known physician and surgeon, went into a leading dry goods store the other day, and having business at the counter took off his hat (a new one), in the presence of the ladies and left it on the counter. Another gentleman was also present, and he took off his hat and laid it on the counter. In the course of five minutes the latter gentleman took his departure and a hat. When Dr. F. started to go away he found his hat too small for him, and quite perplexed at

the mistake made by the gentleman, to him unknown. Seeking a hat store, the Doctor made known his wants. "Yes, sir," said the obliging clerk, "I think I have a hat that will fit your head exactly." The desired hat was brought out, tried on, and it fitted. Taking a glance at it the second time the Doctor remarked, "Why that is my hat. The gentleman who took mine a few minutes ago must have come here for a hat that would fit his head." And so it proved that Dr. Foy recovered his hat.—*Boston Traveler*.

Riches and Duty.—It is related of Professor Agassiz that an intimate friend once expressed his wonder that a man of such abilities as he possessed should remain contented with so moderate an income. He replied: "I have enough. I have not *time* to make money. Life is not sufficiently long to enable a man to get rich and do his duty to his fellow men at the same time."

The Horse Doctor.—Dr. Dick Buckles informs us in writing that when he lived in the West Indies upon one occasion he read the sign of an old French horse doctor, printed thus: "Me, John Degotte, cure jentleman's horse till they die." Dr. Buckles gave him a trial and had a valuable colt poisoned; for which favor he had to pay four pounds sterling and a lawsuit.

Clergyman's Sore Throat.—Miss Susan B. Anthony is said to have the "clergyman's sore throat." In common with the rest of the women she has a perfect right to all she wants of this ministerial perquisite. Help yourselves, ladies, and you will soon be mightily tickled with your new acquisition.—*Christian Register*.

Names.—It is said that the *Boston Journal of Chemistry* has among its subscribers Dr. Death, Dr. Slaughter, Dr. Dye, Dr. Coffin, Dr. Toombs and Dr. Graves. This sombre list is lighted up by one Dr. Life, one Dr. Strength and Dr. Joy. Dr. Drink-water just balances Dr. Rumm on the liquor question. We have some remarkable names on our list. In Chicago, Dr. Small and Dr. Hale. Dr. Small is *hale* (may he long remain so); he weighs some 275 pounds, and Dr. Hale is physically rather *small* in comparison, as it would take nearly two of his bulk to make up to *Small* weight. Then to drop this play upon words we will mention Dr. Love and Dr. Younglove, Dr. Lovejoy, Dr. Gay, Dr. Husband and Dr. Younghusband. Dr. Toothacher, (not a dentist), a very frank physician of the name of Schley (pronounced *Sly*) Dr. True (no Dr. False), Dr. Abel (Dr. Caine deceased), Dr. White, Dr. Black, Dr. Brown, Dr. Green, and Dr. Grey; Dr. Lamb and Dr. Bear, Dr. Strong, (no Dr. Weak), Dr. Wells and Dr. Waters, Dr. Pool, Dr. Pond, Dr. Gale, Dr. Snow, Dr. Fish and Dr. Fowl (e), Dr. Swan, Dr. Drake and Dr. Stork, Dr. Quick and Dr. Spry, Dr. House, Dr. Kitchen and Dr. Tinker. A Wisconsin homœopath has Leuthstrom—light stream, and we believe he honors the patronymic.

NECROLOGICAL.

Hill—The *Ohio Medical and Surgical Reporter* of July speaking of the recent death of Dr. B. L. Hill, says: "He has fallen—died prematurely from the effects of his restless activities in the various callings and professions of life—but his life, measured by performances and activity cannot be said to have been a short one. I knew him in early life, in the unthinking freshness of childhood, when the physical nature was predominant and unfolding; was with him when the intellectual and moral were developing in their brightness; when thought, just awakened in all its activity in his early struggles to solve the problems of life and destiny. We saw him early enter on life's activities, for his was not a nature to rest in speculative inactivity. He was for some years Professor of Anatomy and Surgery in the Eclectic Medical College, of Cincinnati. Dr. Hill, at a later date, was one of the founders of the Homœopathic College in Cleveland. He at one time held two professorships in it, and lectured there for seven or eight winters. He also filled a professorship for a short time in the Homœopathic College of St. Louis, giving a course of lectures there in 1860. He was the author of a work on Eclectic Surgery, published in Cincinnati in 1850, and also a joint author with Professor Hunt, of a work on Homœopathic Surgery, published at Cleveland in 1855. He was also author of a small work much used by homœopaths, called the *Healing Art*, of which eleven editions have been published.

In 1863 he was appointed by President Lincoln Consul at Nicaragua, where he spent one year, and where his health was much impaired, but he so far recovered his health after his return as to serve part of two terms in the Ohio Legislature.

Dr. Hill was born Dec. 18, 1813, and died at Marysville, California, May 13th, 1871. He had no fears of death and died happily." X.

Our acquaintance with Prof. Hill continued for about a quarter of a century. We attended his lectures upon anatomy in the Eclectic Medical Institute at Cincinnati in 1847. We had previously studied anatomy in the Ohio Medical College under Prof. Shotwell. The latter was a more polished speaker, and the most skilful anatomist, but he did not succeed in imparting instruction as well as Prof. Hill. The one would give a fine lecture, and if the students were attentive they might learn; the other appeared to care but little for oratory, but was determined that those who attended his course should acquire knowledge. We well remember our first botanical excursion with a number of medical students in 1848 in Kentucky. Prof. Hill accompanied us. Without making any pretention to scientific knowledge of botany he pointed out to us a large number of medicinal plants, and told us their uses as then understood. We practised for a short time with his brother-in-law, Prof. Morrow at Cincinnati; we met with him in consultations frequently, and had many opportunities for observing Prof. Hill's skill in practice. He was always ready to suggest practicable expedients in cases of emergency. While lecturing one morning, Dr. Owen, a student, ran into the amphitheatre holding out his right hand which was bleeding: he said that when he was attempting to shoot a rabid dog the animal bit his hand. Prof. Hill closed his lecture, immediately applied ammonia to the wound, and directed him to poultice it, convert it into a running sore, and keep it discharging for two or three months. Dr. Owen, we believe, pursued this course, and we think he is now living, practising homœopathy in the State of Ohio.

When in Michigan, Prof. Hill was as active and energetic as when in Ohio. A member of the legislature of the State, a practitioner of surgery, a speculator in lands, a manufacturer or trader in lumber, etc., etc., nerves always at a high rate of tension. When he left this State he pursued other avocations without doubt as restless as ever.

That he did not survive to three score years is not to be wondered at: we are rather to be surprised that his physical frame endured so long. Such a restless spirit would crush an ordinary body in ten years. E. A. L.

Materia Medica and Therapeutics.

PROF. E. M. HALE, M. D., CHICAGO ILLS., EDITOR.

CUNDURANGO IN CARCINOMA.

Physical Description.—Stem woody, shrubby, and covered with greenish or ash-grey bark, the former tint being due to a coating of lichens on the surface. The branches are from half an inch to little more than an inch in diameter, the average being about the thickness of the finger. The woody fibre is straw-colored and brittle breaking with a sharp fracture; it is almost tasteless, slightly aromatic, and bitter. *Bark.*—This contains whatever medicinal virtues are in the plant. It is of a grey color, slightly ribbed or fluted longitudinally from corrugation, the result of drying; it increases in thickness in the ratio of increase of the stem—in the thicker branches constituting more than half the weight of the whole, in the thinner somewhat less than half; readily separable from the stem by pounding or bruising, when it comes off in clean, longitudinal pieces; brittle in the transverse fracture, having a warm, camphory, aromatic, and bitter taste, resembling the cascarilla of the older collections. Under the lens it is readily resolved into three layers: 1. The inner layer or cambium of reticular woody tissues, having granules of starch, and particles of resin imbedded. 2. A middle layer of woody fibre and dotted ducts, with resinous particles also in this layer. 3. The cuticular or outer layer of bark-cells, of a brown color, and containing tannic acid and coloring matters.

Analysis—Professor Antisell, of Washington, an accomplished chemist, has made an analysis of the herb. Here is an extract from his report:

“Fatty matter, soluble in ether and partially in strong alcohol, .7; yellow resin, soluble in alcohol, 2.7; starch, gum and glucose, .5; tannin, yellow and brown coloring matter and extractive, 12.6; cellulose liquid, etc., 64.5.

On distillation no volatile oil or acid was obtainable; no crys-

27—September.

talline, alkaloid, or active principle was separable by the usual method of proximate analysis. Whatever medical virtues the plant may possess must reside either in the yellow resin or in the extractive. The former is soluble in alcohol, the latter in water. In the water decoction some of the resin is diffused, but the greater portion of the resin is not extracted by water. The therapeutic position of the plant, judged from analysis, is among the aromatic bitters."

My attention was first attracted to this remarkable agent during a professional attendance upon Mr. Flores, the minister from Ecuador, through whom his government had conveyed to our Secretary of State a portion of the shrub, together with printed statements of its successful employment by eminent South American physicians.

. . . Fortunately, several cases of unequivocal carcinoma were then under treatment. Accustomed to the remorseless ravages of a malady for which even the surgeon's knife afforded no adequate relief, I approached the experiment not without misgivings of success, but with the fixed purpose to render the test as complete as the limited supply of the plant in my possession would allow.

Mrs. Matthews, the mother of Hon. Schuyler Colfax, had been the victim of mammary cancer for a long period, which had already assumed secondary and constitutional symptoms in a marked degree. On the 29th of April last, I placed her on the decoction of Cundurango, and had the gratification of observing an early and decided change for the better, in both the local and general conditions. One of its almost immediate effects was the relief of pain, and a free diaphoresis, characterized by an odor distinctly observable of the infusion itself. Upon the return of Mrs. Matthews to her place of residence in Indiana, I still continued to direct her treatment, and furnish the requisite supplies of the medicine.

On the 9th of May, just thirteen days after the commencement of the new remedy, her husband addressed me a letter, from which I make the following extracts:

"The stony condition of the tumor has given place to softness. This morning I notice about one-third of the surface has turned from a scarlet to a white color, and it has commenced suppurating as though the thing were dead and coming out. The whole tumor is very much flattened, the discharge is different and not near so offensive. The greatest improvement is in her complexion. From a *tallowy*, puffy-looking, and somewhat bluish skin, she is regain-

ing her old natural look, the skin shrinking, becoming wrinkled and clear."

"I am so happy in the prospect of a cure that I feel like a new man, as though a ton of lead had been lifted from my heart. Is it not a little singular, it has not had any perceptible effect on her nervous system? Her digestion is good, and she begins to feel that she will get well."

On the 14th of the same month Mr. Matthews writes as follows:

"This is the seventeenth day since I commenced the use of Cundurango; shall cease for a few days, and note carefully the effect. When I began the treatment, Mrs. Matthews' breast was almost as hard as a stone, about four inches in diameter, the cancer itself two inches in diameter, with raised edges, hard and scarlet-colored, bleeding profusely at the slightest touch, emitting an odor of the most sickening and disagreeable kind, discharging a brownish, cancerous, limpid fluid; the countenance bloated, tallowy-looking, with a bluish pallor of the whole face; the lips turning blue at the least exertion, so that I have been very much alarmed, fearing a rapid crisis and dissolution; at the same time the tumor itself enlarged with fearful rapidity, so much so that I could notice the growth from day to day.

"Now all is changed—the countenance has resumed its old, familiar look; she moves about with great sprightliness, the blue of the lips no longer indicating fatigue or effort. The granular swelling under the chin is gone; strength increasing; the tumor itself much flattened and decreasing in protuberance; the color changing to a white, maturing sore; the limpid cancerous discharge ceased, and in its place a healthy discharge of white matter much less offensive; the hardened glands are soft to the touch, the whole symptoms indicating most plainly to me that the treatment has, so far, neutralized the poison of the blood, and that another short campaign with Cundurango will insure a complete cure."

On the 2d of the present month I visited Mrs. Matthews, at South Bend, and was indeed astonished at the rapid change which has taken place. The tumor had become soft, the color natural, the secondary glandular deposits had all disappeared. The improved complexion, muscular firmness, and elasticity of spirits, all pointed to an early and complete recovery.

The following extract from a letter of Vice-President Colfax to a friend in Baltimore, concerning the new cancer remedy has been furnished for publication: "I am glad to be able to tell you that mother is really on the high road, apparently, to perfect cure, although she has only taken about quarter doses of Cundurango, in consequence of its scarcity. When we left Washington, in April,

her case was absolutely hopeless, her cancer growing fearfully and angrily. Now the tumor is three-fourths gone, and apparently diminishing; pain almost gone, and every symptom favorable. Since the first fortnight she has had only quarter doses, and now has none. She is more like herself than she has been for years. How it cures or effects cancer I cannot imagine. I know how incredulous many doctors are about it, and I would be too, if I had not seen its results. It seems to separate from the blood whatever it is that causes cancer, and I don't know what that is any more than I know why Peruvian bark cures ague. You can tell your friends, however, when they obtain it, they will notice on the fourth day an improvement, and by the ninth day they will see themselves that the cancer is going away—that is, if it acts with them as with cases I have seen. I am longing for its arrival, and glad that Dr. Bliss so promptly sent his partner to that distant region for it. I have most piteous appeals for it from friends, offering hundreds for it if it will only stop the growth of this terrible disease; but I have not an iota, and I guess all in the United States is now used up."

Mrs. Handy, residing on M Street, in this city, was the next subject of experiment with the Cundurango. This was a highly typical and fearfully advanced case of cancer uteri. The grayish color, unequal, irregular elevations of the ulcer edges, the sympathetic disturbance of the bladder, the paroxysms of intense pain, together with the hot, dry, shrivelled, yellow surface, the wasted muscles, sunken eyes, the small, quick, wiry pulse, revealed one of those sad cases, where all hope of remedy fails.

The Cundurango, in the form of decoction, was administered first to Mrs. Handy on the 31st day of last month. A regular record has been kept from day to day, describing the least change of symptoms, but I have not the space to introduce it here. Suffice it that even in this extreme case the beneficial effects of this wonderful remedial agent have been most apparent. The pain has steadily declined, the diseased parts are less tumefied and sensitive, and the discharge is very slightly offensive. The cachectic appearance of this patient has much improved, and she expresses herself as feeling altogether better.

A lady of the family of Hon. Mr. Gorham, Secretary of the United States Senate, has had mammary cancer of several months duration, and her condition was pronounced hopeless by leading Northern surgeons. I was called to see her on the 1st of June, of this year, and found cancer of the breast, with secondary deposits in the shoulder and humeral portion of the left arm, attended by

extreme rigidity of the neck, and almost complete immobility of the affected limb.

A careful daily record has been preserved of this case also, by which the most decided improvement is indicated. The mammary tumor has grown softer, and the line of skin attachment bisecting the nipple is much less marked. The head, before stiff, is now perfectly free and movable, while the natural mobility of the disabled arm is restored, and the tissues, before hard, are now soft and natural. The general condition progresses favorably *pari passu* with the local improvement.

To both of these last-mentioned cases I have invited my experienced professional friend, Dr. C. C. Cox, and the history of the treatment and its results have been carefully observed by that eminent physician. It may be proper to state that letters have been pouring in upon me from persons at a distance, suffering from cancer, who have had the opportunity to use but a very small portion of the remedy, and yet who report marvellous improvement in all the symptoms. . . .

[All the above report with exception of the reference to Prof Antisel's analysis, and extract of letter of Vice-President Colfax has been copied from an article by D. W. Bliss, M. D. in *New York Medical Journal*.]

The following report is extracted from the *New York Tribune* :

No discovery in the medical world could be received with greater rejoicing—a cure for consumption, perhaps, excepted—than the new cancer remedy; for while cancers are less frequently met with than consumption, they present a certain, lingering death in its most awful form, and they are hereditary. It is not surprising then that the announcement of a cure should call out innumerable applications for the Cundurango. The steamer Ocean Queen, which arrived at this port from Aspinwall on Saturday, brought intelligence that a large supply of the plant may be expected in the Aspinwall steamers due here on the 1st and 15th of August.

About three months ago the State Department at Washington received a few pounds of this Cundurango from the Government of Ecuador, through its minister to this country, with a communication describing it. But little importance was attached to the matter at first, and it might have been neglected altogether, had not Dr. Bliss been given a small quantity of the plant by the Ecuadorian Minister, who happened to be under his care. Though skeptical as to its virtues, he began to use it in his practice, and obtained such surprising results that the limited supply of the remedy in Washington was soon divided among eager applicants. About fifteen cases of cancer have been treated with it in this country, and in all its use has been attended by a wonderful im-

provement of the patients, though the necessarily small doses given have been insufficient to produce its full effects. Mrs. Matthews, the mother of Vice-President Colfax, has been nearly cured of a cancer which it was feared would end her life within the year, although she has taken less than five ounces of the Cundurango when the supply gave out. The wife of George C. Gorham, Secretary of the Senate, and a lady in Utica to whom some of the remedy was sent by Secretary Fish, are among other sufferers whom a few ounces have nearly cured. Tho mode of administering the plant is very simple, it being merely steeped in boiling water, and the infusion taken internally.

As the news of the discovery gained circulation, a great number of applications for the remedy were sent to Washington from all parts of the country, twenty or thirty letters a day being received by Dr. Bliss, and an equal number by the State Department. Many persons, refusing to believe that the supply was exhausted, went themselves to Washington from distant points, in the fruitless effort to obtain the precious drug. Dr. Bliss, when convinced that the Cundurango was a specific for cancer, sent an order for five hundred pounds of it to a business house in Guayaquil. He soon learned, however, that, as it was not an article of commerce, it was impossible to obtain it by ordinary commercial methods. He therefore dispatched his partner, Dr. Keene, as an agent to procure a supply. To facilitate his mission, Dr. Keene was given an official character, by an appointment as bearer of dispatches to the Government of Ecuador, and was supplied with letters of recommendation by President Grant, Mr. Colfax, Mr. Fish, and other prominent persons.

He writes that the task of obtaining the Cundurango is more difficult than was expected. The roads to the Loja district are rough and unfrequented, the rainy season is not yet over, the streams are swollen, and dangerous to cross, and the Indians are disposed to throw every obstacle in the way of foreigners, of whom they are deeply jealous and suspicious. However, when he wrote he was on the point of starting for the interior, and was confident of procuring a supply of the Cundurango in time for it to reach this port early in August. On arriving in the Loja district he will hire a force of Indians to gather the plant, and bring it down from the mountains, where it grows at points so high as to be inaccessible to beasts of burden. It will then be packed on mules, and transported to the coast. Dr. Keene found that orders for Cundurango had been received at Guayaquil from persons in England, France, Italy, and other countries, to the Governments of which the Government of Ecuador had furnished samples. None of these orders had been filled. Ex-Gov. L. L. Gibbs of Idaho sailed from this port for Ecuador last week, Dr. Bliss having engaged his services to aid those of Dr. Keene.

Other reports say :

“ A romantic story heralded the advent of this healing herb.

An unfortunate man in the wilds of Venezuela was afflicted with a cancer. His life had become a burden. He saw no escape from affliction, and his wife sympathizing in his suffering and anxious to end it as soon as possible, went into the morass, and taking thence what she supposed a poisonous plant, made a decoction of it and gave him a liberal dose of it. Behold a miracle—the cancer-infected man rapidly recovered health, and in a short time became cured. This wonderful remedy was of too much value to humanity to remain confined to the sparse settlements of the tropics, so, notwithstanding the terrible danger attending its gathering in the midst of fearful morasses, swarming with anacondas and venomous tropical serpents, sanguinary insects and savage beasts of prey, a small quantity was obtained and sent to the United States. The State Department undertook its distribution, and some of the surgeons of the army were instructed to test its virtues.”

Dr. Garnett, of Washington, says: “I am irresistibly forced to the conclusion that the Cundurango possesses no value whatever as a remedial agent in the treatment of cancer; that it is capable, indeed, of doing indirect injury by disturbing the functions of the stomach and impairing nutrition; that, so far as I have been able to learn, not a single well authenticated case of cancer has been cured by its use; that I will venture to affirm there is not a physician whose integrity and veracity can be relied upon, here or elsewhere, who will declare that he has cured a case of cancer by the use of Cundurango, and that he is prepared to prove it by exhibiting his patient to the test of competent medical judges.”

OBSERVATIONS BY EDITOR.

The history of the introduction of Condurango into medicine has been accompanied by some very singular incidents. When the discovery was announced by the government officials, it was hailed with pleasure by all allopathic physicians in Washington city and elsewhere. It happened however that a Dr. Bliss residing in Washington immediately used it and tested it as above stated. It also happened that Dr. Bliss once consulted with Dr. Cox, and Dr. Cox had consulted with Dr. Verdi, (a homœopathist.) *Therefore*, the allopathic profession of Washington immediately announced that Dr. Bliss’s experience with the medicine was worthless, also that the Cundurango was inert. They further quoted the analysis above given as a proof of its inertness. As if a chemical analysis disclosed the dynamic curative power of a drug! This is the condition of allopathic *scientific?* medicine! Could any record of the dark ages exceed it? The old fossils in Washington however cannot omit its use and whether a remedy for cancer be found in Candurango, it cannot be so easily killed.

Homœopathists have not used it to any extent as yet. In the *Journal of Mat. Med.*, by Dr. Hering, Case 681, Dr. Farrington reports "an ulcer on the chin, right side perforating to the gums" much relieved by Cundurango 3. Such ulcers are generally caused by disease of the teeth or bones of the jaw, and require an operation for their cure.

I am now using Cundurango in a case of cancer of the breast and will report when the proper time arrives. The dose will have to be decided by experience, but it is my conviction that neither the massive doses at first used, nor the 30th or 200th. as advised by Dunham, will prove as efficacious as small but material quantities.

E. M. H.

CICUTA MACULATA.

The following case fatal poisoning with *Cicuta maculata* was reported by Charles A. Lee M. D. in *Journal of Materia Medica*, New Lebanon, N. Y. May 1871:

March 11 th, 1871. I was called at 5 P. M. to see James Powell, aged 15; and Perry, aged 12; who were reported to lie poisoned by eating the roots of the "Wild Parsnip," or "Water Hemlock," *Cicuta maculata*, also called *Spotted Cowbane*, *Musquash Root*, *Bear Root*, *Snake-weed*, *American Hemlock*, *Wild Carrot*, *Wild Parsnip*, *Mock Eel Root*, &c.

On reaching the house, I found the Powell lad in violent spasms and convulsions, with three strong men endeavoring to control his movements, as he lay extended on the floor. I soon learned the following particulars:

The two boys had been on the banks of a small brook, a short distance from the house, when they noticed some *Horse-radish* roots in the stream. As the plant grew about the place, they gathered the roots in the water, among which were also some of the *Cicuta*, which also grew on the bank, the roots clearly resembling each other. The Powell boy ate the *Cicuta* first, and then the *Horse-radish*, remarking at the same time, that they did not taste alike, and he believed the first he had eaten was something else. This was about two o'clock in the afternoon. They immediately started for the village, a distance of half a mile, and in the course of about an hour both began to complain of sickness of the stomach and dizziness. They then started for their homes. Both fell on the way, and were picked up unconscious and in violent spasms. In this state they were observed to vomit a frothy glairy fluid, but none of the roots were noticed in the matters ejected. The Perry boy was less violently affected than Powell and soon recovered. As already stated I saw Powell soon after 5 o'clock, and found him in severe spasms.

Every muscle in the body was affected with powerful clonic spasms; contracting, and then partially relaxing with wonderful rapidity. His movements required four strong men to control; his face was very livid, and even purple from congestion; head hot; the eyes wild and staring, with the pupils dilated to the utmost extent; there was no cessation to the spasms; there was scarcely any pulse to be perceived; a bloody froth issued from the mouth and nose, while the body was covered with sweat.

One drachm of powdered Ipecac was given as soon as it could be got down by feeding with a spoon; he was wholly speechless and evidently unconscious. In the course of half an hour 3 ij. Sulph. zinc were given in solution, and about two pints of blood taken from the arm, which was black and tar-like in appearance.

As there were still no attempts at vomiting, I poured several quarts of ice water over his head, which with the bleeding relieved heat and congestion of the face and head; still there was no diminution in the size of the pupils; the eyes glazed, while the expression was staring and wild. In spite of the means employed the convulsions continued, though less strong, for several hours with scarcely any intermission; with occasional convulsive efforts to vomit; during which nothing was ejected but a little water; the medicines administered, and a few small pieces of the poisonous root that had been swallowed. About 8 p. m. the pulse became fuller, and distinct, and 80 per minute; the patient unconscious; pupils much dilated; with only occasional spasms, not severe. Gradually, the limbs and body became comparatively cool; the pulse 130, almost imperceptible; brandy was given freely, and warmth applied to the feet and surface generally. The pulse at times grew stronger, very frequent, then weak, but the breathing was mostly laborious and stertorous, while the heart beat tumultuously. the face became pale, and the extremities cold. Some beef-tea was got down, and this with the brandy and some chloroform were the only remedies given from this time, till death took place at 9 a. m. on the 12 th.

Autopsy 24 hours after death. This was made by my friend Dr. P. STEWART of this village.

Rigor Mortis, considerable—a few crimson patches, and discolorations on the sides of the body; moderate swelling over the stomach and bowels; stomach and small intestines completely empty; mucous membrane healthy and natural in appearance except slight softening; no pieces of the root were found; expression of features natural.

Brain and Membranes. These were intensely congested; all sinuses and veins lining them were full of blood as well as the *dura* and *pia mater*. The veins in the *sulci* between the cerebral convolutions were also distended. There was no effusion within the ventricles.

During the last Spring several children I am credibly informed, died near Newburgh, N. Y., from eating the root of this plant.

From examining reports of several cases of fatal poisoning from the same cause. (See cases in New York *Medical Repository*, vols 7, p. 219; v. 3, p. 334, *Boston Med and Surg. Jour.* vols., 9 p. 10; v. 12, p. 107. *Trans. Am. Phil.* v. 3, p. 234. *Bigelow's Med. Botany*, vol. 1, &c.

The symptoms in all the cases appear to have been very similar, viz: those of the *acro-narcotics*, where specific action is exerted chiefly upon the *cerebro-spinal* system; producing delirium, stupor and convulsive spasms of the most violent kind; the muscular contractions being alternated with relaxation; great dilation of the pupils; retchings and attempts at vomiting with bloody frothing at the mouth and nose; the convulsive agitations being so powerful and incessant as to render the pulse almost indistinguishable; very frequent respiration; attempts to provoke vomiting by emetics being for the most part entirely futile; death resulting from exhaustion of the vital forces, or asthenia.

In a similar case I should not use emetics or even a stomach-pump, if the specific effects of the root had manifested themselves, for after the poison has been already introduced into the blood, we must seek to counteract its actions by the introduction of *antidotes*, if such there are. From the extreme dilatation of the pupil and other symptoms, I would advise the sub-cutaneous injection of *sulph. morphia*, say $\frac{1}{2}$ a grain every 15 minutes till the spasms cease. Probably a boy of 12 or 14 laboring under the full effects of the poison, might have several grains of morphia injected, not only with impunity but with the greatest advantage.

Considering the large number of persons fatally poisoned by the root of this plant, every year, the subject is well worthy of further confirmation or investigation.

Milk an Antidote to Poisoning by Nitrate of Silver.—Mr. ERNEST HART, in a recent number of the *British Medical Journal*, relates that while house-surgeon at St. Mark's Hospital, a piece of nitrate of silver, with which he was painting the fauces of a child, broke, and the larger part of the caustic stick was swallowed. He produced immediate vomiting by forcing his fingers on to the gullet, and having obtained a large supply of milk, pumped several pints into the child's stomach and out again. The child had dysenteric symptoms during the next three days and occasional vomiting, but was kept on milk diet and recovered. Milk acts as an antidote to nitrate of silver in virtue of its large proportion of suspended albumen. Mr. Hart uses it in lieu of salt and water for neutralizing the excessive effects of even the mitigated caustic, when employing it locally on the mucous membrane of the eyelids.

SYMPTOMATOLOGY OF BAPTISIA.

BY E. M. HALE, M. D.

The following arrangement of the symptoms of Baptisia includes the (1) pathogenetic, the (2) verified pathogenetic and (3) the curative. I have left out all repetitions, and have given only those symptoms which I consider reliable and trustworthy. I do not by any means consider that this drug has been sufficiently proven, on the contrary I believe that further experiments would develop a vast number of new, special and characteristic symptoms belonging to the medicine. This arrangement is given to illustrate the manner in which the New Remedies will be treated in the *third* edition now in course of preparation.

BAPTISIA TINCTORIA.

(Wild Indigo.)

Analogues.—Bryonia, Agaricus, Kali Chloricum, Nitric acid, Rhus toxicodendron, Muriatric acid, Arsenicum.

Description.—Indigenous to most parts of the United States, in dry and poor soils, in woods and on hills. When the whole plant or any portion of it is dried it becomes black, and affords a blue dye, inferior to Indigo. Of the many species, Baptisia tinctoria is the most generally used, although the B. Leucantha is equally efficacious in disease.

Official Preparation.—Tincture of the bark of the root.

Sphere of action.—It exerts a marked influence on the blood and vascular system, the nerves of sensation, and on the intestinal lesions common to typhoid and other low types of fevers.

°The gastric mucous membrane and the great semilunar ganglion of the sympathetic nervous system. (Bayes.)

MENTAL SPHERE.

*Restless, uneasy frightful dreams, gloomy and cast down for several days.

Indisposition and want of power to think; unhappy; mind seems weak.

°The patient imagines he "cannot get himself together," as if the pieces of his body were scattered about.

°Stupefaction and drowsiness in typhoid, a "wild" feeling, with the headache.

HEAD.

Sharp pains in both temples.

Dull, heavy, pressive headache, very much aggravated by motion.

Dull feeling in occiput, with pain and fullness of the vessels.

Vertigo, a confused feeling, or swimming sensation in head.

*Peculiar feeling of the head, which is never felt except during the presence of fever, excitement of the brain, such as precedes delirium.

*Headache which precedes and accompanies typhoid fevers.

Head feels too large, and too heavy, with numb feeling of head and face.

Soreness as if in the brain in frontal region, with pain, heat, and vertigo, worse on stooping. [Muriatic acid.]

Great tightness of the skin of the forehead, it feels as if it could be drawn to the back of the head, with pain in right eye, and pressive pain in right temple.

Pressive pain in the forehead, as if it would be pressed in, with sharp pain in both temples, very much aggravated by motion.

Severe pain in occiput, with dull stupid feeling all over the head, with sharp pain over the eyes.

Brain feels numb, with stitches, or shocks in various parts of the head.

Head feels heavy, as if he could not sit up, day and night, causing a "*wild*" feeling, aggravated by noise.

°The peculiar headache preceding and during typhoid and cerebro-spinal fever, also from brain exhaustion.

°Her head feels as though scattered about and she tosses about the bed to get the pieces together.

EYES.

Feeling as if the eyes would be pressed *into* the head, with great confusion of sight; cannot place anything till after looking at it a few seconds.

Vertigo with sensation of paralysis of the lids, eyes smart and ache.

Bloated feeling of the eyes; eyes unusually glistening; disposition to have the eyes half closed; soreness in front part of the head upon moving the eyes or turning them upward; soreness of the eyeballs, eyes feel swollen, with burning and slight lachrymation; congestion of the vessels of the eye, they look red and inflamed.

NOSE.

Thick mucus discharge from the nose.

Severe drawing pains along the nose.

Catarrh, with dull pain at the root of the nose.

FACE.

Burning heat of face, face flushed and hot; external vessels of face distended and full, flashes of heat over the face, which feels flushed and very hot, cheeks burn.

EARS.

Deafness, or dullness of hearing, *during typhoid.

Roaring in the ears, with confusion of the mind.

MOUTH, TONGUE, ETC.

*Profuse flow of saliva, with ulcers in the mouth.

Tongue feels as if it had been scraped.

*Tongue coated yellow along the centre, with flat bitter taste in the mouth.

*Tongue feels dry on rubbing it against the roof of the mouth, smarts and feels as if burned.

Saliva abundant, viscid, with flat or filthy taste.

Tongue coated white, with red papillæ protuberant, followed by yellow, brown coating in the centre, the edges red and shining.

Tongue feels swollen, thick, with numbness.

Teeth and gums feel sore, with bloody oozing from gums.

*Great dryness in mouth and tongue, in fevers.

°Chronic mercurial sore mouth, with fœtid breath.

°Stomatitis materna, in feeble women, with offensive breath.

°Ulcerations of mouth and fances in diphtheria or small pox, with fœtor.

(The Baptisia should be used topically as well as internally.)

THROAT.

Soreness of the throat with scraping and burning.

Raw sensation in pharynx with abundant viscid mucus.

Constrictive feeling in throat, with frequent desire to swallow.

Pricking sensation in upper part of pharynx.

Throat feels swollen and full, tonsils and soft palate injected with pain in root of tongue when swallowing.

The dryness of the mouth and tongue extends to the throat.

°Angina with swelling, but with *unusual absence of pain*.
(Dr. Miner.)

°*Diphtheria* with fœtid breath, ulcerations of throat, and great prostration.

STOMACH.

Much distress in the stomach, severe pains every few moments in the cardiac region.

Dull pain in the epigastric region, frequently recurring, aggravated by turning over or walking.

Nausea with eructations, followed by painful vomiting.

Disposition to vomit, without nausea.

*"Gone" empty feeling in stomach.

°Dyspepsia following typhus, with great sinking at stomach, frequent fainting, and brown tongue in morning.

Feeling as if there was a hard substance in stomach.

Stitching pain in cardiac portion of stomach.

Nausea with want of appetite, and constant desire for *water*.

ABDOMEN.

Constant pain in right hypochondriac region, with sharp, shooting pains in the bowels.

Severe colicky pains in the umbilical and hypochondriac regions, recurring every few seconds, with rumbling and desire for stool.

Pain in abdomen on pressure, with dull aching pain in the lumbar region on going to bed.

*Fullness of the abdomen, with borborygmus and diarrhœa.

Pain in the hypogastrium, with soreness of the abdominal muscles as if from a cold, or severe coughing.

*Distension of the abdomen, with rumbling, and a feeling as if it would be a relief to vomit.

The small and large intestines filled with bloody mucus. (Pathological appearances in a cat.)

°Abdominal typhus, with ulcerations of the bowels.

LIVER.

Pain in the right hypochondriac region aggravated by walking; constant dull pain in the region of the gall bladder; pain extends to the spine.

Soreness in the region of the liver; pain in the liver.

Congestion of the liver during typhoid.

STOOLS AND RECTUM.

In large doses Baptisia is a drastic cathartic.

Stools are generally dark, offensive, mucus and bloody.

Vomiting and diarrhœa with dark stools.

Rumbling in the bowels and desire for stool, with soft papaceous stool with much mucus. (p.)

Severe constipation and hemorrhoids after the diarrhœa. (s.)

*Frequent small offensive acrid stools.

Dysentery with offensive, bloody discharges.

°Dysentery after confinement, with violent colicky pains in the hypogastric region before stool, with great tenesmus; stools pure blood with a little mucus, occurring every five minutes.

°Dysentery with bloody, mucus evacuations, tormina, brown coat on the tongue with low fever.

°Autumnal dysentery with tendency to typhoid.

URINARY ORGANS.

Urine dark red and not very copious, with burning during emission.

Shooting pains in the region of the left kidney.

GENITAL ORGANS.

Menses too soon and too profuse.

Is said to produce abortion.

°Fœtid lochia with much prostration.

°Puerperal fever with typhoid symptoms.

°Threatened abortion in typhoid fever.

LARYNX, TRACHEA, ETC.

Hoarseness even to complete aphonia.

Tickling in the throat provoking a cough.

Difficult breathing increased.

Compass and frequency of the pulsations of the heart, pulsations seem to fill the chest.

Difficulty of breathing; the lungs feel tight and compressed; cannot get a full breath.

*Tightness of the chest, feeling of want of power in the respiratory apparatus, such as is felt during fever.

Constriction and oppression of the chest.

Oppressed respiration, sharp pains in the chest when taking a long breath, throbbing in the heart so as to be distinctly heard.

Awoke with great difficulty of breathing, the lungs feel tight and compressed; could not get a full breath, felt obliged to open the window, to get my face to the fresh air.

°Dyspnœa during the low stages of typhoid,

BACK.

Dull heavy pain in the lumbar region very much aggravated by walking.

Back and hips are very stiff and ache severely.

Chills up and down the back as if ague were coming on.

Dull heavy aching in the lumbar region on going to bed at night, flashes of heat from the small of the back in all directions.

UPPER EXTREMITIES.

Stiffness of the joints as if strained, and twitching in the left deltoid, and latissimus dorsi of left side.

Soreness of muscles of neck, muscular debility, feeling of weariness in the right arm and shoulder.

Hands feel too large and are tremulous with a thrilling sensation as if going to sleep.

LOWER EXTREMITIES.

Dull drawing pains in right groin and testicle, also in the legs and knee joints.

Burning heat of feet, feeling of pulsation.

Dull pain in the sacrum, extending round the hips and down the right leg.

Extremities feel hot except the feet which are cold.

Cramp in the calves when walking.

Aching in the limbs, heat and burning in the lower extremities so intense as to prevent sleep most of the night.

Clinical Observations.

W. S. SEARLE, A. M., M. D., BROOKLYN, N. Y., EDITOR.

ECLAMPSIA INFANTUM.

BY C. A. WILLIAMS, M. D. JOLIET, ILLS.

On Friday, June 6th, at 6 P. M., I was called to attend a child, 18 months old, suffering from convulsions which had been continuous for nearly an hour. The eyes were rolled up, the head drawn back and the whole muscular system undergoing the most frightful convulsions. The patient had been given the warm bath, which was at once repeated, but without effect. Belladonna, Ignatia, Aconite and Chamomilla were successively tried without relief; asphyxia seemed inevitable. Three hours had passed since the first attack and not the slightest relief had been obtained. Sulph. Ether by inhalation was then used, which temporarily relieved the tremor of the extremities and all the muscles, except those of respiration and those along cervical vertebræ. Bell. was continued during the night with frequent use of Ether, when the convulsions were very severe, but there were evident signs of a fatal issue. The face was dark and hippocratic: breathing, a succession of long drawn sighs. Twelve hours had passed and during that time no full relaxation had occurred, the cervical muscles gradually drew the head back and held it, rigid as iron. The eyes were wide and staring and the breathing more difficult. Thinking to give some relief, as the case seemed entirely hopeless, I gave Hydrate of Chloral: grains $2\frac{1}{2}$ in water. In about half an hour, the breathing became more natural and the eyelids closed when touched. The dose was then repeated. In a few moments the eyes closed, the breathing became more regular and the child slept quietly for two hours, Cham. was given during the next day, in alternation with Bell. and at night $2\frac{1}{2}$ grains Chloral, which resulted in profound sleep until morning. Several weeks have elapsed since the attack during which time

the child has taken Calc. carb. twice a day and there has been no return. Previous history: child was teething at time of attack; had four teeth nearly through the gums; has been very irritable for some weeks, and has had what his mother called "spells of crying away" frequently. These *spells* were undoubtedly incipient spasms, but mild in character, lasting only a few moments and caused in every case by anger. Previous to the last attack the child had seemed well and sat at the table about to eat its supper, when its mother for some misdemeanor whipped and dropped it upon the floor. After a few screams, the fit came on. All the remedies and means usual in such cases failed to give any relief. Sulph. Ether relaxed the whole muscular system except that controlled by the pneumogastric nerve and the muscles along the cervical vertebræ. Would the prompt relief obtained in his case by the Chloral suggest its use in treatment of Eclampsia gravidarum et parturientum, Tetanus etc., etc.?

REMARKS BY THE EDITOR.

It cannot reasonably be doubted that Chloral did prove very useful in the above case. But so many accidents have occurred from its use, that we feel like dissuading from, rather than endorsing its exhibition under any circumstances. We believe it to be incapable of affording better results than we obtain from Chloroform by inhalation, and that it is much more dangerous, because its effects are protracted beyond our control, while the administration of chloroform can be stopped at the first sign of impending danger, and its effects speedily subside: moreover, we think that the reflex disturbance of the cerebro-spinal vasomotors, which seems to be the *animus* of these cases, can be controlled, not only by the inhalation of chloroform, but also, and, as we think, more efficiently and permanently, by the use of *Veratrum viride*. We are accustomed to administer the tincture in water: 3 to 10 gtt. to the $\frac{1}{3}$ glass: a teaspoonful every 5, 10 or 15 minutes, till improvement appears. In one instance we gave it in puerperal eclampsia by subcutaneous injection, with the happiest results, as the patient could not swallow.

At the same time, or afterward, our Cham. Calc. c. Kreasote, Bell., or other suitable specific remedy may be expected to cure the painful dentition, constipation, or other often slight ailment which has opened this Boreal cave, and let loose such a vascular storm.

Some, we know, would have us abandon all such treatment, based upon no formulated law of cure, so far as we know, but which apparently consists, in taking possession of a disordered nervous system by some powerful drug, and keeping possession, too, till the exciting cause has been removed or has subsided.

We cannot here consider the objections which have been and

are raised to this expedient by our "purists" since we do not now undertake a full discussion of the problem. But from our chair, as Clinical Editor, we endorse and advise such measures, in general, for two reasons: viz:

1st. Because of the difficulty of quickly and certainly determining upon the *similimum* in such sudden, complicated, and often almost symptomless cases.

2d. Because relief must come speedily if we would save life under these circumstances. There is no time to waste in trying the probable *similimum* in various doses, and then another, and another. We may add another reason, viz:

3d. Because no harm results from such palliative treatment, not even interference with the simultaneous action of the true homœopathic remedy.

It would be as difficult to substantiate this last proposition as to prove its falsity, but practically it has seemed to us to be true.

We commend, then, not the Doctor's means, but his method.

Risk no life, so suddenly and seriously threatened, to satisfy the demands of mere theory.

Had the above case occurred to us we should also have speedily lanced the gums over the advancing teeth. W. S. S.

BRONCHITIS.

BY DR. R. McLAREN, CHICAGO, ILLINOIS.

During the summer of 1870 I was called to a child of Mr.— South Park Avenue which had been treated by Drs. M.D. and P. allopathic physicians. Under the first M. D. the child had been treated for typhoid fever, lasting eight weeks. During the two weeks following and previous to my being called in Drs. D. and P. were called in consultation quite often. At the expiration of the tenth week the doctors having said that the child could not live many days they were dismissed, and I was summoned. I found a boy, aged 12, sitting in a rocking chair so emaciated and weak that he could not lift his hand, and when his head rolled to one side the nurse was obliged to restore it. The fever had almost left him some days previous to my first visit, but he had a very distressing cough with greenish expectoration, almost constant fever, night-sweats and copious diarrhœa, abdomen extremely sensitive to pressure, urine dark red and offensive. I gave Phosph. 30. Nitric acid 6x.

The next day I saw no improvement. Continued the medicine however, and in addition, ordered him to be bathed in a weak solution of Nitric acid.

Third day. The mother remarked that his urine was free

from the offensive odor. Medicines continued. Fourth day: cough modified: expectoration not so profuse. Sixth day: improving. Eighth day: marked improvement: Phos. alone, was indicated and I gave it in the same potency. Tenth day: gradual improvement, cough better: expectoration scanty, but the diarrhœa was very profuse, watery, offensive, and more frequent during the night. This soon yielded to Ars. 3x. The child now seemed to be free from disease for a week, though a mere skeleton. The father would take him out every day in a little carriage and was often met by one of the above M.D's. who still persisted in saying that the child was dying of consumption and that homœopathy was a humbug. *Even this did not discourage me.* The night-sweats returned with extreme prostration and a coarse incessant cough which came on early in the morning and continued till 8 a.m. I gave Phos. 6x. and, for the cough, Laurocerasus 3x. Cough left him on third day, after taking Laurocerasus.

The night-sweats with hectic flush gave me much uneasiness, but other symptoms in connection pointed so unmistakably to Phos. that I gave the 3rd for a week, with a good nourishing diet, and with Cæsar I could say, *Veni, Vidi, Vici.* I did not give any more medicine but had a watchful eye over the little fellow (in all six weeks) and he has been in excellent health up to the present.

ANGINA PECTORIS.

J. E. BROWN, M.D., EAGLE HARBOR, N.Y.

Last March I had a severe case of Angina Pectoris, and relieved the patient so quickly with one of the "new remedies" that I thought it might be of use to others to know what the symptoms were and the remedy used.

Mrs. B. aged 61, had been troubled for years with what different physicians called neuralgia of the stomach. She was taken about 8 o'clock in the evening with a severe pain in the middle of the sternum, that nearly stopped her breathing. She was alone in the house, and could not move nor make any noise for about two minutes, when the pain became so much less that she started for a neighbor's house, about two rods off. She got to the door, and opened it, when the pain became so much worse that she could not tell them what was the matter, but they saw she was

in distress, and placing her on a couch, commenced putting on hot cloths, and doing what they could to relieve her. Just then her husband came home, and he, with help of the neighbor, carried her back to her home in an arm-chair. He then commenced giving her Morphine (she had taken it before for a similar pain and always found relief) in one fourth gr. doses. As the pain still continued, he became alarmed, and sent for me. I found the patient pulseless, cold, with clammy perspiration all over: pain extending from the chest to both arms and hands: the breathing very laborious: action of the heart very feeble: could speak only in whispers: very uneasy. I tried several remedies but found nothing that relieved her in the least. The attack had now lasted seven hours, and the patient was sinking very fast. I thought of everything that seemed to have a bearing on the case, and finally as a last resort, gave five drops of *Dioscorea vil*, 1st decimal. In less than three minutes the pain lessened, and in ten minutes she was easy, and sound asleep. She has had a few attacks since, but one dose of *Dioscorea* will stop them immediately. After the attack her pulse for two weeks intermitted every eighth or tenth beat.

GALL STONES.

BY B. F. JACKSON, M. D., CHESTERVILLE, OHIO.

Mrs. H. æt 44, was attacked in the spring of 1869 by what her physician pronounced intermittent fever. During the succeeding three months she was drugged with Quinine, Mercury and Opium, without benefit. She complained during this period of dull pain in the region of the liver, and stomach—especially at one small spot near the pyloric extremity of this organ. The least food of any kind caused distress, but she never vomited. The bowels were costive; stools hard and dark; chills recurred generally at 2 P. M., which were sometimes followed by nightly fever, of which, however, excessive sweating sometimes took the place. Appetite was good, but she feared to eat because of the pain. Frontal headache. Tongue had a grey coating at the root only. There was also numbness in the right arm and in the region of the liver.

I was first called to her on June 15th 1870, and prescribed *Podophyllum*² and *Nux*⁶ two doses of each daily. After one week she rode out. With occasional doses of *Sulph.*³⁰ and *Lyc.*⁶

she continued to take the first named remedies for three months. During this time she gained 30 pounds of flesh, and did her own housework. I then lost sight of her.

On November 20th she took a severe cold, and on December 10th I found her with about the same symptoms as at first. Nux and Podophylum failed to relieve her now, as also did large doses of sweet oil followed by Lyc.¹². As she was very chilly all of each afternoon, and very nervous, I gave Ignatia.¹ She then seemed to improve for a few days, when again she rapidly became worse. On February 12th I confessed myself at a loss, and advised her to try another physician. She lived but three weeks longer, under the violent treatment of first a botanic, and then an allopathic physician. Towards the last any substance taken into the stomach would cause her to scream with pain.

The *post mortem* revealed a gall stone 1 inch long by $\frac{5}{8}$ inch in diameter impacted in the portal vein; several of very small size were also discovered in the gall bladder.

The patient was slightly jaundiced when I first saw her, but this symptom soon passed away. During the second attack jaundice early set in and continued till death, but it was not excessive at any time.

REMARKS BY THE EDITOR.

Deeming the position of the large stone a remarkable one we requested renewed assurance on this point, and Dr. J. replies as follows: "Was present at the *post mortem*, and am sure that the stone was in the *mouth* of the *portal vein*. Three allopathic physicians assisted at the *post mortem*. Some of us surely know where the portal vein is."

We also inquired whether the chill was a genuine or a "nervous" one, as evidenced by depression of the pulse. To this Dr. J. replied that the chills *were* accompanied by depression.

A similar case once occurred to us, but in this instance the stone was impacted in the common duct. There was but little jaundice; little, if any, decoloration of the stools, and the distress was referred to the stomach. There were daily recurrences of what appeared to be paroxysms of intermittent fever. Chill with intense thirst and nausea with vomiting, followed by fever with stupor, and incomplete resolution by sweat.

It is not possible that a gall stone could get into the portal vein in any other way than by ulceration.

W. S. S.

BUTTERMILK AND PEACHES AS A DIET IN DYSENTERY.

BY ELIAS C. PRICE, M. D., BALTIMORE, MD.

When I am called to a case of dysentery in its early stage and the patient is over three years old, if I can get either of the above articles, of good quality and in sufficient quantity, I never feel the least fear about the case, (provided it is not a malignant epidemic.)

I have used buttermilk as a diet in dysentery for twenty years, and never saw it do harm, on the contrary it has invariably been very beneficial. In 1851 we had a violent epidemic of malignant dysentery in Baltimore County, and in fact in several States of the Union, I had then just began to use buttermilk, and had not the confidence in it that I now have. I gave it to those that were willing to take it, but with many of those that refused, I did not insist on its use, as I now do. I feel confident that it saved many lives, and I now believe that if I had used it in all cases, my patients would have recovered much more rapidly than they did. Just in the midst of the epidemic my old preceptor, and at that time partner, was taken with it, I spent one week in coaxing him to take the buttermilk, he was afraid of it, and thought he could not take any nourishment at all. At length he tasted it, and said it was the best thing he had ever tasted in his life. For two weeks he lived entirely upon it, and I have always believed that it saved his life.

I give a glass of buttermilk three or four times a day. I had a patient that from 6 to 10 o'clock one evening, drank a half gallon, and the next morning from 6 to 10 o'clock, another half gallon; in a few days she was well. She was in the habit of taking too much *spiritus fermenti*; and was then under its influence.

Dysentery is just the opposite of diarrhea in one respect; in dysentery there is always inflammation of the colon and sometimes of the rectum also. The bowel just at or above the inflamed part appears to contract instinctively so as to prevent the peristaltic action of the upper portion of the bowels from forcing down their contents upon the inflamed part. So that we actually have constipation of the small intestines. I have seen patients that for ten days have not passed a particle of *fæculent* matter; the discharges consisting of nothing but blood and mucus from the inflamed portion of the colon and rectum.

I do not know that buttermilk has ever been either potentized

or proved (perhaps Dr. Swann will undertake it, after he gets through with his proving of skimmed milk) but I do know that if taken in sufficient quantities, it will cause the evacuation of the contents of the upper portion of the bowels; give strength to the patient, and relief to the disease. In fact I believe it is sufficient of itself to cure the majority of case of ordinary dysentery without the aid of medicine.

Good ripe, open seed peaches are about as good as buttermilk in fact I scarcely know to which to give the preference. Children can be induced to take peaches better than buttermilk, I have used peaches in this disease about fifteen years.

Buttermilk is not suitable for use in diarrhœa unless it be in *very small doses*. I would not be so much afraid of peaches. I have had diarrhœa all day from indigestion, food that I ate yesterday for dinner passed in an undigested state the diarrhœa continued up till supper time notwithstanding I took two doses of Phos. ac. and two of Oleander. All I ate for supper was half a saucer of peaches and cream and a slice of bread and butter, and have felt very comfortable for three hours and a half since with no further movement.

I do not generally give both buttermilk and peaches to the same patient, though I did, in one case last summer, with excellent effect.

Sciatica.—The following recommendation, in reply to an enquiry by Dr. Tallmadge for a cure for an inveterate case of Sciatica, was omitted from previous number of Observer by inadvertence. (See pp. 303, 383, current volume.)

Dr. E. H. Drake of Detroit writes, "I have cured several severe cases during the last two years with drop doses of *Guaiacum officinale* $\frac{1}{10}$. One case occurring in a middle aged lady was most severe: continued unmitigated for some three months. It seemed to be hereditary, as two older brothers had suffered from it very much. This case yielded in a few days to the Guaiacum.

I would like Dr. T. to try the medicine, in such doses as may seem advisable, and publish the result in the *Observer*."

Contributors to Clinical Department.—Will please forward their articles direct to the editor, Dr. W. S. Searle, No. 132 Henry St. Brooklyn, New York.

E. A. L.

Translations from Foreign Journals, etc.

S. LILIENTHAL, M. D., NEW YORK CITY, EDITOR.

TWO EPIDEMICS OF TYPHUS OBSERVED DURING THE SIEGE OF PARIS.

BY DR. STRUVE.

Dr. Struve, one of the Surgeons-in-chief of the Prussian army, served with the corps before Metz. In forced marches the army afterwards hastened to Paris, and during their long and tedious marches suffered much from want of sufficient food. Arrived before Paris the soldiers had to perform laborious duties and in September 1870, the first epidemic set in, reaching its maximum in October, decreasing during November, and increasing again during December. The first epidemic from September to November, might be called according to its symptoms and course a *typhus caused by privation*, the *second* beginning in December, caused by infection.

Differential characteristics ; first period ; temperature of body at and below the normal, severe cerebral manifestations, copious roseola-exanthem, severe bronchial catarrh : *second period :* abnormally high temperature, light deliria scanty roseola, moderate bronchial catarrh, severe intestinal catarrh.

FIRST PERIOD.

163 cases, caused by want of suitable nourishment and extraordinary fatigue.

The *temperature of the body generally low*; evening temperature hardly ever above 39.6.° c. In six cases with most copious roseola 40.5.°. In 14 cases it never rose above 36.2°, whereas roseola, painless diarrhoea, bronchitis, headache, vertigo, and deliria clearly demonstrated the existence of typhus.—*Cerebral symptoms stood in intensity in inverse ratio to the temperature of the body.* Most patients, shortly after entering the hospital, were prostrated with the greatest apathy in spite of the low temperature, nearly unconscious, and passed their fæces involuntarily

in the evening severe, in some cases even furibund deliria.—*The frequency of the pulse never rose over 100 to the minute, except in those fatal cases, dying from hypostatic pneumonia where the pulse rose to 140 during the last three days.—Roseola spots present in every case, sometimes scanty, but frequently very copiously over chest, abdomen and back, and the more copious the eruption, the more favorably the course of the disease usually was.—Enlargement of the spleen could be demonstrated in most cases, frequently to a small extent. Bronchitis was usually severe, frequently with bloody sputa, although no infiltrations could be shown, frequently it passed over in unilateral or bilateral hypostatic pneumonia, paralysis, and œdema pulmonum.—Dryness of the tongue corresponding to the low temperature, seldom appeared, and when present, easily removed by urging the patients to drink. The tongue was mostly broad, swollen, with impressions from the teeth, moist and covered with a thick, ashy-grey shining coat.—Intestinal catarrhs rare, more frequently constipation during the whole course of the disease, and ileo-cœcal gurgling and painfulness of this region correspondingly rare. Meteorismus, when present was easily removed by cold compresses. The course of this typhus was remarkably quick. It reached its acme in the 9th to 13th day, remained stationary for a day or two, and then steadily decreased for the next two weeks, so that they could be considered reconvalescent. 21 cases ended fatally during the first two weeks, and 2 died in the second week from complications.*

SECOND PERIOD.

Increase of temperature from the very beginning of the disease. It rose continually in each case above 40°, even to 41° and over. Cerebral symptoms of less intensity, deliria rare and not severe—pulse rarely under a 100, mostly 120.—Roseola scanty, even when diligently looking for them. They appear in direct proportion to the cerebral symptoms, in inverted ratio to the intestinal catarrh: scanty roseola, light cerebral affection—severe intestinal catarrh, whereas we had during the first period copious roseola, severe cerebral affection—light intestinal catarrh.—Splenetic tumor easily shown by percussion. Bronchial catarrh limited to light degrees, still there were some cases of hypostatic, and one case of embolic pneumonia;—The tongue did not have the gastric appearance of the first period, but was dry, encrus-

ted and could not be kept moist by close attention.—*Intestinal catarrh* present in every case.—*Course of the disease* more protracted and reconvalescence very slow on account of the great debility. We lost only 9 cases: they died during the third and fourth week.

In regard to the therapeutics we remark, that during the first epidemic all patients needed from the very beginning a corroborating treatment. They received early and repeatedly small quantities of strong wines, milk, eggs, beef-tea and as soon as possible more consistent food. Hydropathic treatment was hardly ever indicated during the first period on account of the low temperature, and the prostration of the nervous system and the deliria could be more easily removed by port wine, than by cold wrappers, but water treatment was constantly applied and with the greatest benefit during the second period, with high temperature and sthenic course. Brandt's method of half-baths of of $20-15^{\circ}$ R. with effusions of $15-10^{\circ}$ showed the best results, less beneficial were the full-baths of Jurgens or mere packs with cold ablutions.—*Berliner Klinische Wochenschrift*.

Differential diagnosis—Rubeola and Variola.—Dr. Popelauer, resident physician of the Frederic William Hospital at Berlin, remarks: that the differential diagnosis between measles and small pox may be difficult in the first day of the eruptive stage, but still there are some important points. The anamnesis and prodroma are different; in measles we have the well known catarrhal symptoms, cough, coryza, sneezing etc., in variola the gastric symptoms prevail; efflorescence of morbilli are also of a darker hue and larger than those of variola at this stage, and then, if we examine closely, we are apt to find already at the first day solitary vesicles, showing their transition to the vesicular stages, which is never the case in measles.

(The difference between varicella and variola consists, that the latter are never found on hairy parts, whereas the former find often their seat on the scalp. The variola pustule is also always flat on the top on account of the umbilical depression, which is not the case in other pustular eruptions which show more of a round top.

The common varicella, dry up in a few days, whereas syphilitic varicella last for weeks and months without undergoing much change.

Vaccination.—Dr. Popelauer remarks : that no child should be vaccinated, which suffers from any cutaneous disease nor atrophic and anæmic children, as the slight irritation of such a delicate organism may call up a severe reaction followed by collapse. Dentition, or at least every febrile state in an infant contraindicates vaccination, and the best time for vaccination is therefore between the 3d and 7th month. He recommends Glycerin-lymph, as it can be kept for a length of time and we are thus sure, to have at any time a reliable article.—*Ber. Med. Wschft. No. 24, 1871.*

MEPHITIS.

BY DR. HARBORTH OF FRANKFORT, GERMANY.

W. Ruhl, laborer was brought into the hospital on the evening of Sept. 21st. in a perfectly unconscious state, his head bent backwards, face livid, respiration hurried, every expiration, loud and groaning, pulseless, muddy foam out of the spasmodically closed jaws, pupils dilated and not reacting to light, no pulse, extremities thrown about by continual clonic spasms, hands and feet bluish and cold, the whole body spreading a foul smell from the mud in the sewer where he worked. He was immediately put in a warm bath, cold affusions made, then rubbed dry between two woolen blankets, an ice bladder put on the head and a mustard-paper laid on the chest. Trismus and stiffness of the neck, spasms of the extremities and of the muscles of the face continued, and we tried therefore to make him swallow three grammes of hydrate of chloral. A few minutes after taking it the spasms ceased, the mouth became open, patient laid quietly on his back, breathed regularly with loud expiration, pulse weak, but easily felt, somewhat accelerated.

Sept. 22. Patient had during the night three light spasms, passes urine unconsciously, and with exertion swallowed this morning some milk. Quiet position on back, respiration regular, pupils contracting and reacting, pulse 100, of medium quality; consciousness not yet returned. During the day several spasms, without prodroma the upper and lower extremities are flexed, patient turns to the right side, hands are spasmodically flexed with outstretched fingers and adducted thumbs, after a minute the former soporous state continues; difficult deglutition, involuntary micturition. R. chloral, 2,0.

Sept. 23. Quiet night without spasms, no stool yet, involuntary micturition, swallows easier looks around the ward, as if awaking from a troublesome dream, and closes his eyes again. When

called by name, he looks up with a vague look and relapses into his sopor. Pupils normal, pulse 74, small, compressible; hands and feet cool, head warm. Ordered injections, brandy by the tablespoonful and extract of beef. Evening passed a copious stool; no spasms. Patient looks about and tries to speak, but cannot articulate. The lips, which are covered with a greyish coating, have lost their epithelium.

Sept. 24. Patient partly unconscious yet, but still he tries sometimes to speak and complains of soreness, where he was roughly rubbed before entering the hospital.

Sept. 25. Restless night, leaves the bed, as if seeking something, acts like a simpleton; walk unsteady. Takes some bread and meat.

Sept. 26. Stool after castor oil. Slept well during the night; shows in features, speech and action a perfect picture of dementia, whereas the bodily functions are normally performed. He has no recollections of the past few days and does not recognise where he is nor does he care about it.

Sept. 27. Yesterday afternoon he became crazed, screamed fire and wanted to throw himself out of the window. 2 grammes Chloral produced a quiet night and to day he is more like himself.

Sept. 29. Sensibility and relaxation normal, mind still more or less confused; gait uncertain, staggering, with stretched out legs; staggers greatly when rising or turning about, whereas he performs prescribed movements well, when lying on the back.

Oct. 4th. Steady mental and bodily improvement. A large furuncle develops itself on abdomen and smaller ones on chest, forearm and thigh. The mucous membrane of the lips is still ulcerated and colored with a grayish coat. Discharged at request of relatives.

Dec. 15th. Returns in perfect mental and physical health. Has no recollection whatever of his accident nor of his sojourn at the hospital, except from hearsay. Large and small furuncles developed themselves all over his body with simultaneous steady improvement.

Guérard publishes two cases, when brought to the hospital St. Antoine, there was total unconsciousness, skin cold, face and extremities livid, respiration rare and imperfect, groaning pulse miserable and irregular, muscles of the trunk, slightly contracted. After applying strong stimulants reaction with clonic spasms sets in. In the one case, which was first saved, amelioration con-

tinued progressively and in two weeks he could be discharged cured. In the other case the reaction ceased after a short time, and again reappeared after the renewed application of strong stimulants, but with a deep sopor the convulsions became stronger and in spite of 25 leeches and venesection the pulse remained hard and frequent. After a restless night he died the next morning: autopsy, 48 hours after death, showed the body stiff and in spite of the summer heat decomposition had not yet set in. The sinuses of the brain were full of blood, and except that everything appeared normal.—*Berliner Med. Wochenschrift*, 25 1871.

BROMIDE OF POTASSIUM IN EPILEPSY.

BY DR. RIEDEL, OF BERLIN.

Riedel refers to the experiments of Schroeder Vanderkolk, which show the medulla oblongata to be the seat of epilepsy. In the beginning there is only an increased irritability of the medulla, producing morbid reflex actions incited by the irritation of sensory cerebral or spinal nerves or directly by abnormal irritation through the blood. When we succeed to remove this irritation, the disease will subside. But when thickening of the blood vessels. In duration, softening, has already occurred, the disease becomes incurable. Our therapeutics must cover this abnormal irritability in the medulla and as bromide of potash diminishes the reflex activity in the nerve centres and reduces sensibility and muscular irritability and so contracts the power of the small vessels, we may consider it as a rational remedy for epilepsy and especially for that cause a proxima in the medulla oblongata.—*Reports of Hufeland Society* 1870.

DORSAL LUXATION OF THE THUMB.

BY PROF. LUECKE OF BERLIN.

Reposition of luxation of the thumb is in most cases easily accomplished, still cases happen, where even our usual methods, most skillfully applied, fail. A short time ago such a case happened in my practice. A young man fell, luxated his thumb and two physicians failed in their attempts of reposition, though all the different methods were faithfully tried, after another failure under Chloroform I proposed opening the joint, which the pa-

tient refused. On the same day another case entered the hospital. A man forty-nine years old fell on his hand, incurring an oblique wound over the right ball of his thumb. There was a dorsal luxation of the right thumb in the phalangeo-metacarpal joint. One could feel in the wound the strongly protuberent head of the first metacarpal bone, the phalanx rested firmly on the thumb, which immoveably remained in hyperextension. We could not make out if the now suppurating wound was caused by the emersion of the capitulum os metae I or by a pointed stone though we believe the former more probable. I chloroformed the patient, made from the centre of the oblique wound a longitudinal incision over the first phalanx, so that it formed a \perp or double flapped wound. We then saw the capitulum of the metacarpal bone strongly pulled towards the median line. On the internal side of the capitulum the sinew of the flexor poll. longus could be clearly seen, not stretched, I therefore isolated it easily at a small place and had it drawn inwardly with a blunt hook. We again tried reposition by hyperextension, but felt a strong spring-like obstacle, by which the metacarpal bone always was pressed towards the median line and in the *vola manus*, so that at every trial the articular surfaces became still further separated. Flexion was now tried, but the same spring-like resistance remained, the luxated joint of the first phalanx was still more pushed backwards and upwards and the separation increased. Being convinced that the sinew of the flexor poll. longus was not the obstacle, further examination showed that from the internal side of the metacarpal head a very tense cord run towards the articular surface of the phalanx prima. I introduced a small spatula behind this cord and using it as a lever, raised from the bottom *a medial sesam bone lying on the cord*, and as soon as I removed the spatula, it immediately fell back below the articular joint of the phalanx. On the external side nothing similar could be found, I again lifted up the sesam-bone and cut it out. Reposition was now easily performed. Even where there is no wound, no contraindication could be brought forward to our treatment. The lesions of the phalanges and meta-carpi frequently heal and leave entire mobility, and even if in unfavorable cases ankylosis should happen, it would be preferable to a state of luxation, and therefore *speedy incision is preferable to forced and repeated trials* of reduction. *Berl. Med. Wochenschr.*

Pathology and Microscopy.

PROF. D. A. COLTON, M. D., AND PROF. S. A. JONES, M. D., EDITORS.

A REPORT

On the Microscopic Objects found in Cholera Evacuations, &c.,

BY TIMOTHY RICHARDS LEWIS, M.B.,

Assistant Surgeon, Her Majesty's British Forces, attached to the Sanitary Commission with the Government of India. Printed by order of Government. Calcutta, 1870.

By the courtesy of Prof. T. F. Allen we have had an opportunity for reading this very rare volume.

In this research "attention has been specially directed towards obtaining facts bearing on the truth or otherwise of two hypotheses regarding the cause of cholera—namely, the theory of its fungoid origin, particularly the one advanced by Prof. Hallier of Jena, and the theory of the connection existing between cholera and certain conditions of the soil; promulgated by Prof. Max Von Pettenkofer of Munich.

"In both theories the existence of a specific poison of an organised nature is maintained—a *germ*; and both savants believe it to exist in the alvine discharges of a person affected with cholera. The Munich Professor dares not to risk an opinion as to whether it belongs to the animal or to the vegetable kingdom, but infers that the soil is the *nidus* in which it grows; whereas Prof. Hallier maintains that it multiplies in the human body, and unhesitatingly affirms it to be a fungus.

"An account of the observations which have been made in order to test the views advanced by Prof. Hallier, will occupy the first portion of the report; and, as in the course of the investigation my attention has been directed to a consideration of the microscopic objects which are found in the evacuations of cholera patients, a description of them will at the same time be given; together with illustrations of various initiatory experiments bearing on the general question of 'disease germs.'"

Dr. Lewis sums up the results of his investigations in the following conclusions:—

“1. That no ‘cysts’ exists in choleraic discharges which are not found under conditions :

2. That cysts or ‘sporangia’ of fungi are but very rarely found under any circumstances in alvine discharges.

3. That no special fungus has been developed in cholera stools, the fungus described by Hallier being certainly not confined to such stools ;

4. That the still and active conditions of the observed animalcula are not peculiar to this disease, but may be developed in nitrogenous material even outside the body :

5. That the flakes and corpuscles in rice-water stools do not consist of epithelium, nor of its *debris*, but that their formation appears to depend upon the effusion of blood-plasma ; and that the ‘peculiar bodies’ of Parkes found therewith correspond very closely in their microscopic and chemical characters, as well as in their manifestations of vitality, to the corpuscles which are known to form in such fluid ; these are generally, to a greater or less degree, associated with blood-cells, even when the presence of such is not suspected, especially as the disease tends towards a fatal termination, when the latter have been frequently seen to replace the former altogether ; and

6. That no sufficient evidence exists for considering that vibriones, and such like organisms, prevail to a greater extent in the discharges from persons affected with cholera than in the discharges of other persons, diseased or healthy ; but that the vibrones, bacteria, and monads (*micrococcus*) may not be *peculiar in their nature*, for these *do* vary, may not be the product of a peculiar combination of circumstances, and able to give origin to peculiar phenomena in a predisposed person is ‘not proven.’”

In regard to VonPettenkofer’s theory, Dr. Lewis observes very justly that his observations have not been sufficiently extensive, or long continued to justify him in the expression of an opinion.

This volume is the only testimony needed to evince the fitness of Dr. Lewis for this research—the value of which cannot be estimated. The execution of the work typographically and in point of illustration is highly complimentary to the “art preservative” as it is practised in India. While the energy of Old England is strikingly shown by this volume, we can not find words

strong enough to condemn the contemptible snobbism which inspired the issuing of only *ten extra copies*. In performing this labor Dr. Lewis was not working solely for the Indian Commissioners or in the interest of Her Majesty's British Forces, but for every one interested in the study of this fearful scourge of the human race. The present "Report" finds a value to every observer in the fact that it will save so much work as Dr Lewis has done, and will furnish a *point de depart* for fresh research. But, perhaps we had as well look at home, for our own government is none too prodigal in her editions, if we except sundry Patent Office and Agricultural afflictions mailed by disinterested politicians to rural constituents.

S. A. J.

ON THE USE OF THE FORCEPS IN LABOR.

As a "pure Homœopathician" I was profoundly grieved to hear Prof. Guernsey admit, at the recent session of the American Institute of Homœopathy, that the use of the forceps in labor is *sometimes* permissible. Alas, how sadly he marred his striking argument by this admission. "Labor" said Dr. G. "is a function," and in the performance of this function the parturient who is not properly eliminating the unknown quantity (x =boy; y =girl) needs not forceps but pellets.—The homœopathic remedy shows Chamberlin to have been the veriest ass that ever conducted a labor. In a case of contracted pelvis, where Simpson says turning will enable a living child to be born, we must not turn *with the hand*. The properly selected homœopathic remedy administered *dry* on the tip of the tongue of the mother, half a pellet of the 40 *m.*, will make that adventuresome "young-one" turn a summersault and pop his, or her, feet into the vaginal pocket by neutralising the miasm which induced the said him or her to attempt to get into the world head first. This feat will appear incredible to only low dilutionists and "mongrels," but as the editor of the *Hahnemannian Monthly* has explained to me the rationale of this therapeutic feat I will publish it to the dumbfounding of these doubters.

"Muller," said Mac to me as we sat in friendly communion over a bottle of "The Home Bitters." * you know that, gravity

* As Mac saw that I was sinking from the lack of my accustomed doses of "Jersey Lightning" he kindly advised this "Home Bitters," as a *tonic* suited to my case. I at once demanded a "proving," but Mac assured me that this was unnecessary as the article is endorsed *as a tonic* by two professors of Homœopathic Materia Medica, John

takes the heaviest end of everything *down*. Now don't we have remedies which produce "light-headedness," well, when a fœtus presents its head in a pelvis which is too small to "pass it" the true homœopathician 'orders it up' with a light-headedness producing remedy 40m. administered to the mother. Do you take?" "Exactly" said I, "Sir James Simpson's trick of turning is an unjustifiable, and allopathic interference with the ordinations of Nature;" and, I added "I do wish you could demonstrate the sinfulness of employing forceps as satisfactorily.

"Well" said the philosopher of the Hahnemannian, "what do the forceps really *do*?" "Enable us to exercise pressure and traction," I replied. "The traction," he continued "is an insult to Nature who has provided muscles to supply the necessary *vis à tergo*. The *vis à fronte* (he smiled in scorn sublime) is a con-

T. Temple, M.D., of St. Louis, and Temple S. Hoyne, M.D., of Chicago,—the latter of whom may publish its *characteristics* in a supplement to his recent series of cards. I suggested to Mac that, as Prof. Temple endorsed it, there might be too much "Dynamic Power" in it for any constitution. "Pshaw," said he "it has no Dynamic Power because it has not been triturated and succussed, *ergo*: it possesses only the innocosity of the mother tincture: but "he continued, at the same time getting a file of the *Medical Investigator*, "I will give you its composition and then you will see how *homœopathic* it is as a "tonic."

MAC reading: "2 lbs. Gentian, $\frac{1}{2}$ lb. Wild Cherry Bark, 3 lbs. Orange-peel, 1 lb. English Chamomile, $\frac{1}{2}$ lb. Peruvian Bark, $\frac{1}{2}$ lb. Cardamom Seeds, 2 lbs. Columbo, a small quantity of Turkey Rhubarb, 25 Lemons sliced, 20 gals. Pure Neutral Spirits; let it stand one week, then draw off and add 20 gals. spirits, let this stand 15 days. 8 gals. of this tincture is added to 109 $\frac{1}{2}$ gals. of Spirits, Syrup, Water, and Jamaica Rum. Dose: a wine-glass three times a day. *Medical Investigator*, Vol. viii. p. 130."

MÜLLER. solemnly, "*Things is mixed Mac!*"

MAC. "Well, Herr Doctor Lutze"—

MÜLLER. "Lutze is dead and common charity demands that no one shall insult the dead.—"

MAC. "Insult;" What d'ye mean? I never "insult." I take hold of the smooth end of everything: an editor must if he would be popular.—"

MÜLLER. "Popular" be —; when Truth holds out her hand a *man* will "take hold" of it, cost what it may. You *insult* the dead Lutze by mentioning his name in the same breath with those (white-washed sepulchres?) who teach Hahnemann's Therapeutics in a Homeopathic College, and endorse such a hell-broth in a quack's circulars. By the anvil of Vulcan if I could command the lightning for five minutes I'd—"

MAC. "There you go again, Müller, 'slang,' personalities' and 'abuse.' Confound it, you are smart; you have 'education and ability' but you'll never be popular, never. Take my advice, tickle 'em, tickle 'em, and you'll be respectable: which, you know, is *everything in this life*."

MÜLLER. "And what *in the next*, Mac? I may be wrong, but I will forego all "popularity" that those who *knew* me may say of my empty soul-case, 'This never held a hypocrite.'" Look beyond, Mac, to the time when we will be looked through and through—"

MAC. "Müller, you are melancholy. You need a stimulant. The Rum in this 'Home Bitters' will set you up, and give you a proper estimate of editorial responsibility."

I drank and found the "Home Bitters" just forty-five times meaner than ever "Jersey Lightning" dared to be.

travention of the Divine plan, and we will admit the 'traction' as impious. Now, in regard to the pressure you should be specific and note that it is *in pressing*. Now in Part 1st of the Pathogenetic Cyclopædia you will find "Inward-pressure" remedies, and isn't it self-evident that they were designed to reduce the diameters of the foetal skull so as to adapt it to any pelvis through which it may have to pass.'" I at once tendered my hat—not a new one—which the philosopher magnanimously declined, and bursting into tears, asked "Why *did* Dr. Guernsey advise the use of forceps *at all*?" "Ah," said my friend, sadly, "Guernsey is the best of my contributors but he is not developed. He has yet to learn that the present necessity for the forceps in certain cases is owing to two facts, namely: we have not yet proven all the remedies in nature, and those which we have proven are not yet carried *high enough*. In the broad noon-day of Science our successors will look back with infinite compassion at our *crude* efforts with the 40 m."

Dear reader, at the last session of the Institute, where I did hear such twaddle, I did not find Hufeland's "grave of science," no, I met too many cultivated and competent *workers* for that but I did behold the farce of Science and the actors were all too many! I saw more credulity in one *Kopf* than would suffice for all Homœopathy: but unfortunately it is not confined to one head—"like master, like man" is the rule.

Now, Dr. Dunham's charity "omnibus" is crowded to bursting, and there is no spare seat on the outside; and unhappily the very men whose phantasies make the heaviest demand upon this charity are the very ones who recognise no *dubiis* in Homœopathy, and award no *charitas* in anything.

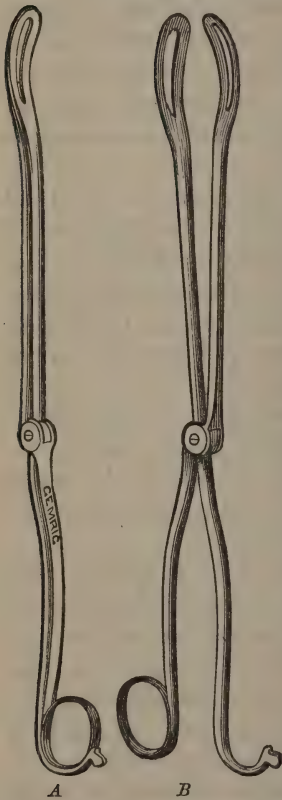
We have only to wait and the cure will come in a crisis. We will have then an Institute where the science will receive as much attention as the art; where all our *Therapeutæ* will be also *Physici*; when lay practitioners, whose only qualification for a diploma is an inordinate and unbalanced symptom-appetite, will be known and estimated as lay practitioners; when no compiler of a *Materia Medica* will be caught ascribing a post-diphtheritic paralysis to a dose of Arsenicum; and when one need not blush for a single member of the Homœopathic School. May that time come quickly.

CARL MÜLLER.

Surgical Observations.

BUSHROD W. JAMES, M.D., PHILADELPHIA, EDITOR.

NOVEL CASE IN OBSTETRIC SURGERY.



On the evening of January 24th, 1871 I was summoned to meet in consultation a medical friend, in a case requiring obstetric aid. A married woman pregnant some three or more months had aborted and some officious attendant thinking it unnecessary to call in a doctor undertook to deliver the fœtus herself. The feet presenting she had good leverage to draw upon, and she tugged, and twisted, and pulled, until the child's body parted from the head at the neck, leaving the head within the uterus, and around it the organ contracted firmly. Having mutilated the fœtus in this manner both the mother and the attendant became alarmed and a physician was hastily sent for and my friend happened to be the one, he living in the neighborhood. To share the responsibility he desired my conference.

On examining the woman I found the vagina extremely sensitive and tender to the passage of the finger, as though considerable misapplied force had been used to pull and wring off the child's neck. An exploration of the vagina did not discover any fœtal head. The mouth of the uterus was sought and found contracted, I wedged in my index finger and felt a globular body, evidently the head of the child.

I tried to get my finger around it to pull it against the outlet of the womb and excite expulsive contractions of the organ, but it simply rolled over and over like an oiled ball. I then tried to get my finger in the foramen magnum of the foetal head but to no effect, I then tried to get my finger between the soft cranial bones to flatten it and thus pull it down but this was also futile. As hemorrhage was setting in, I next introduced the Loomis' placenta-forceps, against the protestations of the woman who feared the instruments were of a cutting nature and would hurt her. After frequently assuring her that such was not the case and no injury would result, I finally determined to introduce them and pull the head away. The first time I applied them to the head on making traction they slipped sideways off of the head and came away. A second attempt resulted the same way: the next time however I introduced my finger after applying them and steadied the head until I had forcibly closed the forceps and compressed and flattened the head, then I carried the finger all around so that I might see if any of the cranial bones were projecting through the scalp or would be likely to injure the uterus or vagina, finding nothing to fear from this source I drew down against the neck of the uterus which was not yet sufficiently dilated to permit it to pass, but this traction induced two or three strong contractions of the organ which dilated its mouth and then the head slipped through and came away with the forceps.

These forceps are not sufficiently known to the profession or their value fully appreciated. They were invented by Dr. Loomis who was an active and worthy member of the homœopathic profession up to the time of his death. He brought them out in 1854 and patented them. I will illustrate them with an engraving. (A) shows them closed as when ready for use. They look like one-half of the instrument only, one handle is hook-shaped and this enables it to closely fit around the oval finger piece of the other handle. This hook can also be used as a blunt hook in some cases in an emergency. The joint however is the peculiar and ingenious part of the instrument. It not only allows the handles to open and shut but it permits the hooked handle to turn half way around on its own axis, so that this blade, which fits into the other when closed, with its convex surface to the concave surface of the other blade can, on opening the handles a little, be made to rotate around so that the concave surfaces are opposite each other and the instrument becomes a pair of forceps. They are long and slender

and delicate in their appearance so that they can be readily inserted into the uterus.

They are introduced closed, and then opened ; then the blades are turned around so as to grasp the placenta or other object, when, by closing the handles as much as possible, compression and grasping of the object is performed and traction causes its removal.

By referring to the cut it will be observed that the handle which has the ring thumb-piece is expanded and sets off at an angle about its middle, and through this there is a quadrangular opening. On the other handle to correspond with this, are two small pieces of metal which when close together form an oval knob flattened on each side, and that handle and this knob is held by a pivot on the handle so that it can make a semicircular turn and no more around. Now when the two blades are united by slipping the hook-handled one through this quadrangular opening in the other, and then when this flattened oval knob has reached the opening, a small screw at each side fastens it there, (except for the back and forth motion) on these screws which act as pivots, and this enables the handles to open and shut. Then for the turning around motion of the hook-handled blade, instead of the knob turning around the blade as before the instrument is put together, the knob is now fast to the handle of the other blade, this handle itself rotates half way round and back through the knob, giving the closing up movement of the instrument as required for introduction into the uterus.

THE PRESERVATION OF SURGICAL INSTRUMENTS.

Surgeons should always have their instruments well washed after using them and then rubbed dry with a towel and subsequently with chamois skin just as they are being replaced in the velvet lined case. It is best to wipe them with chamois skin always after handling them, and especially in warm weather when the fingers are covered with moisture. Whenever the perspiration comes in contact with the bright instrument a red rust will be likely to result but if it does not remain too long this is easily removed with a woollen cloth one end of which has been dipped in olive oil, or a little oil can be dropped on the rusty spots and rubbed well with the cloth after which it should be rubbed with span-

ish whiting. If the rust has remained until it becomes black and has destroyed the polished surface it will have to be repolished and this can generally be accomplished with emery or emery paper.

THE SURGERY OF OUR INSTITUTIONS.

One evidence of the healthy condition of our homœopathic colleges is noticeable in the improved state of the surgical clinics from year to year. Surgery in the early days of homœopathy was neglected by our practitioners and hence our opponents took advantage of this fact to influence their friends to believe that our school knew nothing about surgery; but public opinion is now changing, and in a few years we doubt not it will be found that homœopathic surgery will be sought for by the laity in preference to any other, on account of the superior advantages which our remedies afford in the after treatment of operations. We would like to have annual reports from all our colleges as to the number, character, and results, of the various cases under surgical treatment at their clinics, and likewise the summary of surgical cases from our various hospitals and dispensaries throughout the country so as to sum up what our public institutions are accomplishing in the way of homœopathy for we know that not only the profession but the friends of our cause generally will be gratified at the aggregate result. Therewith append a report of surgical operations performed in connection with the Clinic of the Hahnemann Medical College of Philadelphia, from date of last report, March, 1870, until August 1st, 1871, By Malcolm Macfarlan, M. D., Prof. of Clinical Surgery:

Removal of stone in the bladder, weighing nearly one ounce, by perineal lithotomy, lateral incision.....	1
Ligation of both the Ulnar and Radial Arteries for aneurism of the palm.....	1
Removal of tumors from the neck, cystoma one, fibroma one.....	2
Forcible rupture of organic structure of the urethra by Thompson's instrument.....	1
Removal of an Ovarian Tumor at patient's residence, before summer course students— weight of fluid and emptied cysts, 35 lbs,.....	1
Double harelip operations.....	2
Single harelip operations.....	3
Division of the masseter muscle for false anchylosis of the jaw.....	1
Plastic operation on the soft palate.....	1
Resection of a portion of the lower jaw for osteo sarcoma.....	1
Operations for radical cure of Hydrocele.....	3

Phymosis, operation for.....	1
Method of curing stricture of urethra by gradual dilatation, and illustrating the manner of introducing instruments.....	1
Removal of nasal polypi.....	3
Removal of polypi from the ear.....	2
Catheterization of Eustachian tube.....	1
Removal of a large cystic tumor on back of an infant's head by strangulation (spina bifida).....	1
Dilatation of stricture of the œsophagus.....	1
Excision of a cicatrix on the face, the result of a burn and plastic operation to cure the deformity.....	1
Operation for ranula.....	1
Ganglion.....	2
Application of apparatus for spinal curvature.....	2
Division of tendons in club foot and application of Scarpa's shoe.....	3
Resection of the lower extremity of the Tibia, with articulating surface.....	1
Removal of fingers by the double flap and oval method.....	2
Operation for fistula in ano.....	2
Operation for fissure of the anus.....	1
Removal of epithelioma from the lip.....	1
Fracture of clavicle, application of dressing.....	2
Reduction of downward dislocation of the humerus.....	2
Application of splints in Barton's fracture of the radius.....	2
Division of tendons of contracted muscles in hip joint disease, and application of splints.....	2
Breaking of badly united fracture of forearm and application of splint.....	1
Removal of encysted tumors of the scalp.....	4
Erectile tumors of the face in children, treated by excision, ligature and subcutaneous injection.....	7
Slitting canaliculi and dilatation of nasal duct.....	9
Removal of foreign bodies embedded in the cornea.....	2
Tumors of the lid.....	2
Operation for aneurism by anastomosis, involving the upper lip and forehead.....	1
Operations for Entropion and Ectropion.....	3
Ankyloblepharon and symblepharon.....	2
Blepharoplasty operation for restoring part of the lid.....	1
Operation for convergent strabismus.....	5
Insertion of artificial eye.....	1
Von Graef's operation for hard cataract.....	5
Needle operation on traumatic, soft cataract.....	1
Plastic operation to cover a large opening at the site of nasal bones.....	1
Excision of diseased nasal septum.....	1
Successful formation of a new nose by the Indian method—flap taken from forehead.....	1

Total number of operations.....98

Besides a great variety of cases of minor interest, treated medicinally and otherwise.

Miscellaneous Observations.

DEFEAT OF THE MEDICAL PROSCRIPTIONISTS.

BY ALEXANDER WILDER, M. D.*

"Thou art our Father, though Abraham be ignorant of us, and though Israel acknowledge us not."

The readers of the *Review* are generally aware that Doctor Henry Van Aernam, United States Commissioner of Pensions, under the pretext of "simplifying and rendering more uniform the medical action of that Bureau," and acting at the suggestion of the Surgeon-General and one or two others, undertook last year to remove all the surgeons on the roll except "regular practitioners." It appears that there were 1,350 surgeons holding appointment, of whom 38 were thus open to assault. These do not appear to have created any confusion in the business of the bureau, or to have been disqualified so far as professional ability was concerned. But the medical hierarchy of the country, claiming greater infallibility than the Pope himself, and more saturated with the virus of prosecution than Mary of England or Nero of Rome, had determined that every man not pronouncing their Shibboleth with a *shin* instead of a *samek* should be ostracized. Dr. Van Aernam consented to act in obedience to their dictum, and began by removing Dr. Stillman Spooner, of Oneida in this State—a homœopathist. The Homœopathic State Medical Society immediately prepared to resist the aggression, and a deputation was appointed to lay the subject before the President of the United States. The Eclectic State Society in turn appointed a like deputation, consisting of Doctors Alexander Wilder, M. M. Fenner and J. Edwin Danelson. Doctor Van Aernam was notified to resign, and Dr. Baker appointed in his place.

This is a victory over Old School intolerance and bigotry and

*American Eclectic Medical Review.

a triumph for reformed medicine, at which all lovers of medical progress have a right to rejoice.

In the District of Columbia is a medical society which often assumes to pass judgment upon questions of ethics, morals and professional etiquette. It has, we believe, attempted to aid in the crusade against women as practitioners. There is no doubt that it is "eminently conservative," emulating the veriest hunkers and fogies that ever found themselves aroused from a Rip Van Winkle sleep, and half a century behind the age.

Some little time ago this society appointed a committee, consisting of Doctors Thomas Antisell, Thomas Miller, Louis Mack and J. M. Toner, to consider "the claims of homœopaths and other irregular practitioners for professional recognition in the medical service of the United States Government" and the charges against Dr. Van Aernam. Their published report is a labored endeavor to show that such claims are unfounded.

The report asserts that in the Pension Bureau the medical qualifications of pension surgeons were wholly lost sight of, and that Commissioner Van Aernam found all degrees of medical standing, all classes of practitioners, regular and irregular, on the rolls—"eclectics and Thompsonians, Indian doctors, herbalists, hydropaths, homœopaths and abortionists, according to their own written statement." The entire number of these "irregular practitioners" thus extremely classified was 38. It is unnecessary to dispute this assertion of the report; it contained a palpable falsehood, apparent on its face.

The report cites courts of law as regulating the practice of the Bar, and remarking that "in Episcopal religions the bishops give the formula, and the minister who disputes or practically differs is disrobed," draws the conclusion that "the only governing body in medicine in this country is the American Medical Association, the representative organ of the whole regular profession." Such is the logic which these men, aspiring to be prelates and dictators in medical matters, employ to overrule and browbeat all who differ from them.

In the United States no such arbitrary or pontifical authority is recognized. Episcopal bishops here may have authority over their own members and clergy, but they have no right to prescribe a ritual, creed, or formula for the government of the people of the country. The whole genius of Protestantism is against such assumption, and Congregationalism in the United States is

an abiding proof that the people will tolerate no such endeavor to dominate the conscience of men. The American Medical Association, when declaring itself to be "the only governing body in medicine," is guilty of an attempt at usurpation which will and ought always to be resisted, even to the ultimate argument. No code, no statute, no binding rule whatever, has conferred on it any such authority and the fate of Archbishop Laud, as well as of the rule of George III in America, ought to suggest very forcibly that the assumption will not be acquiesced in or tolerated among a free people. A pope, an autocrat, or a Council of Ten, is just as legitimate here as a "governing body in medicine" which aspires to rule outside of its own professional circle.

The report finally includes all the claims which it makes in the following syllabus:

"The power of our profession over the entire public rests not on jealousy and illiberality, nor on number, but on a consciousness in that public that we represent the progress of medicine from apostolic times in continuous succession, from which all smaller sects of practitioners are offshoots, fostered by ambition, vanity, and continued by obliquity of intellect or sordid self-interest; that regular medicine rests not on the dogma of a single teacher, which may be modified to suit the knowledge of the present day, but upon an humble, truthful and world-wide observation of the laws of nature, verified and proved, and made manifest over and over, until he that runs may read—and changing, altering and improving its practice in accordance with the lights of all the sciences. If this be so—and the experience not only of this country but of Europe and the civilized world proves it, since everywhere, almost without exception, regular medicine is entrusted with important governmental medical offices and support—then is the reason evident that regular medicine only should be called in to serve the Government, and that homœopathy or other irregular sects in medicine, no matter how numerous or influential, politically or otherwise, they may be, should not be represented in such situations."

If this proposition, which cannot be sustained, means anything beyond a flourish of words, it is an assertion that there is an "apostolic succession" in medicine similar to that claimed in the Catholic and Episcopal churches, and that, therefore, all schools but one are sectarian and heretical. Indeed, take this whole paragraph, and substitute the word "church" for "medicine," and it would be as perfect a declaration of the papal or ecclesiastical authority as language can make. Those differing from

the self-styled regular practitioners are treated as superciliously as ever a Luther, a Knox or a Bunyan was ever treated by a prelate. And certainly the experience of Europe may as well be cited in the theological as in the medical world. "The high priest and all they that were with him, which is of the sect of the Sadducees," were equally authorized to assure us that they "represented the progress of the religion from patriarchal times in continuous succession, from which Pharisees, Christians, Nazarenes, and all smaller sects of heretics were offshoots, fostered by ambition, vanity, and continued by obliquity of intellect or sordid self-interest; that orthodox religion rests not on the dogma of a single teacher like Jesus, which may be modified to suit the ideas of the present day;" that "regular Sadducean orthodoxy only should be called in to serve the Government, fill the high priest's office, etc., and that Phariseism, Esseneism, Christianity, or other irregular sects in religion, no matter how numerous or influential, political or otherwise, it may be, should not be represented in such situations." There is but one legitimate sequence to such logic, and it is found in the Acts of the Apostles, V: 18 "They laid their hands on the apostles and put them in the common prison." Indeed this is the animus of the report, as it is the spirit that inspires the men who sustain the "Code of Medical Ethics." Fifty years ago they caused all physicians who differed from them to be persecuted, imprisoned, and even arranged for felonies; but now having, like "Giant Pope," lost their power in that direction, they signify their malice by railing, imprecations, and the persistent endeavor to prevent men refusing to swear allegiance to them, however able, intelligent and conscientious, from holding positions of trust under the Government, which is the common servant of all citizens.

But the dark ages have passed. Doctor Antisell and his colleagues have not succeeded in reviving them. Doctor Van Aernam is superseded, and men breathe more freely. We are not living in Venice, nor under a Borgia or an autocrat. The National Medical Association is emasculated of its powers and influence, and all good citizens rejoice. We are republicans in our medical practice as well as in our political ethics. So may it always be.

Dangers of the Barber's Razor.—A London medical Journal has this startling statement: "Recently we have professionally seen two of the worst cases of *Sycosis contagiosum* which have ever come under our notice. Both patients were shaved by the same barber, and no doubt with the same razor as that used—for the barber acknowledged his fault—in shaving a man "with a bad chin." In one patient the yellowish scales have extended to the upper lip and sides of the face covered by hair.

The vegetable nature of the disease, and the rapidity with which the seeds are transmitted from part to part, until the cryptogamic plant surrounds every hair follicle, is only too well known for repetition here. Our chief object in directing public attention to a most serious matter is that barbers will learn through us to be more careful in indiscriminate shaving, and that the public seeking their aid will, for their own sake, insist upon what we hope will now become a universal practice in the barber shop—namely, the razor to be immersed in some warm water before being applied to the face. This is pretty sure to destroy the vegetable organism, should any exist, on the instrument. Those who may have suffered from the *Sycosis contagiosum*, and the physician who has had experience in the treatment of it, alone know the protracted nature of a most unsightly complaint in yielding to treatment, and the value of the hint we offer in the simple immersion of the razor in warm water, and then wiped before use.

Indeed, in the filthy barber shops of our great towns diseases of more kinds than *Sycosis* are propagated: but with that we do not purpose entering upon now. Our simple desire has been to record a painful occurrence with which we have recently met—a faithful corroboration of the testimony of Gustav Simon, of Gruby, of Vienna, and of the experiments made by Foville, who noted over and over again the transmission, by contagion, of *Sycosis*, from the use of a razor employed in shaving an affected person."

Sick and Ill.—Sick and ill are two other words that have been perverted in general British usage. Almost all British speakers and writers limit the meaning of *sick* to the expression of qualmishness, sickness at the stomach, nausea, and lay the proper burden of the adjective *sick* upon the adverb *ill*. They sneer at us for not joining in the robbery and the imposition. I was present once when a British merchant, receiving in his own house a Yankee youth at a little party, said, in a tone that attracted the attention of the whole room, "Good evening! We haven't seen you for a long while. Have you been *seeck*" (the sneer prolonged the word,) "as you say in your country?" "No, thank you," said the other frankly and promptly. "I've been *hill* as they say in yours." John Bull although he blushed to the forehead, had the good sense, if not the good nature, to join in the laugh that followed: but I am inclined to think that

he never ran another tilt in that quarter. As to the sense in which *sick* is used by the best English writers, there can be of course, no dispute: but I have seen this set down in a British critical journal of high class as an "obsolete sense." It is not obsolete even in modern British usage. The *Birmingham Journal*, of Aug. 29, 1869, informs its readers that "The Sick Club question has given rise to another batch of letters from local practitioners of medicine;" *Mrs. Massingberd* publishes *Sickness, Its Trials and Blessings*, (London, 1868;) and a letter before me, from a London woman to a friend, says, "I am truly sorry to hear you are so very sick. Do make haste and get well." One of *Matthew Arnold's* poems is "The Sick King in Bokara," in which are these lines:

"O, King thou know'st I have been sick
These many days, and heard nothing."

British officers have sick leave; British invalids keep a sick bed, or a sick room, and so forth, no matter what their ailment. No one of them ever speaks of ill leave, and ill room, or an ill bed. Was an Ill Club ever heard of in England? The incongruity is apparant, and it is new-born and needless. For the use of *ill*—an adverb—as an adjective, thus, an ill man, there is no defense and no excuse, except the contamination of bad example.—*Words and their Uses*, by *Richard Grant White*.

Paying them off.—On Jan. 2, at the annual general meeting of the contributor to the Royal Infirmary, at Edinburgh the Lord Provost in the chair, the question of the medical education of women came under discussion, and Miss Jex-Blake asked permission to "say a few words." She accordingly delivered an eloquent address, in which she recounted the difficulties with which the female medical students had to contend in that city; and in the course of her observations, if we may judge from the effect they produced, seems to have made some peculiar telling hits. What for instance, can be more admirable than the following?

When I first came to Edinburgh (said Miss Jex-Blake), nearly two years ago, I made it my business to call on most of the professors and leading medical men. I was received (with very few exceptions) with the utmost personal courtesy, though, of course, sometimes with disagreement from my own views. But there were exceptions. I called on Prof. Laycock. I left his house in perfect agreement with him on one point, and only one—that no woman who respected herself had better enter into his class room. [Laughter and "Order."] Prof. Christison: On the part of my colleague, I appeal to you, my Lord, against any insinuations against Prof. Laycock. ["Chair," "Order," and uproar.] I ask the opinion of the Lord Provost on this point. The Lord Provost: Well I think Miss Jex-Blake has not made any strong insinuations. Prof. Christison: Then I bow to your opinion, although I disagree with it.

Later on Miss Jex-Blake poked up Prof. Christison himself in the most unmerciful manner. Speaking of the riot which lately occurred among the medical students, "when," Miss Jex-

Blake said, "the college gates were shut in our faces, and our little band bespattered with mud from head to foot," she continued :

This I do know, that the riot was not wholly or mainly due to the students at Surgeon's Hall. I know that Dr. Christison's class assistant was one of the leading rioters [hisses and "Order"], and the foul language he used could only be excused on the supposition I heard that he was intoxicated. I do not say that Dr. Christison knew of or sanctioned his presence, but I do say that I think he would not have been there had he thought the doctor would have strongly objected to his presence. Dr. Christison: I must again appeal to you, my Lord. I think the language used regarding my assistant is language that no one is entitled to use at such an assembly as this [hear] where a gentleman is not present to defend himself, and to say whether it be true or not. I do not know whether it is true or not, but I know that my assistant is a thorough gentleman, otherwise he would never have been my assistant, and I appeal to you again, my Lord, whether language such as this is to be allowed in the mouth of any person. I am perfectly sure there is not one gentleman in the whole assembly who would have used such language in regard to an absentee. Miss Jex-Blake: If Dr. Christison prefers—Dr. Christison: I wish nothing but that this foul language shall be put an end to. The Lord Provost: I do not know what the foul language is. She merely said that in her opinion—Dr. Christison: In her opinion the gentleman was intoxicated. Miss Jex-Blake: I did not say he was intoxicated. I said I was told he was. The Lord Provost: Withdraw the word "intoxicated." Miss Jex-Blake: I said it was the only excuse for his conduct. If Dr. Christison prefers that I should say he used the language when sober, I will withdraw the other supposition. [Laughter.]

THE DURATION OF GESTATION.

BY DR. AHLFELD.*

Dr. AHLFELD investigates with great care the problem of the *duration of gestation*. Taking 219 cases observed himself, by HECKER, and by VEIT, he finds that conception took place on an average 9.72 days after the *first day* of menstruation, and in 161 cases on an average 5.28 days from the *last day* of menstruation; but it most frequently took place within three days. FAYE arrived at a similar result.

As to the question whether the virginal os uteri is more easily disposed to conception than the gaping os of women who have borne children, he finds that, comparing 130 pluriparæ with 75 primiparæ, the same average of about ten days after the first of menstruation was observed.

Taking 425 women whose children seemed mature, the average duration of gestation was 259.91 days, reckoning from day of conception. HECKER's tables give an average of 273.52 days. The range was from 231 days to 328, so that there is manifestly a fault in determining the day of conception.

AHLFELD gives a table of thirty cases, including six from FAYE, of presumed single or well-defined coitus. Gestation varied from 232 days to one case of 313 days. Both these extremes are taken from FAYE. The greater number ranged within 270 and 275 days. The average of all was 269.17 days, which corresponds

*Brit. & For. Med.-char. Rev., July, 1870; from *Monatsch. f. Geburtsh.*

closely with the period obtained by other modes of observation. (It is to be remarked that the weight of the child in FAYE's minimum case was 3000 grammes, and in the maximum case of 313 days it was only 2540. Since 3000 grammes is below the average weight of a mature child, it seems only reasonable to infer that conception took place considerably within 313 days. With this exception no other case out of the thirty exceeded 287 days, and of the remaining twenty-eight all were below 272.—R. Bames.)

AHLFELD then refers to the law enounced by CEDERSHJÖLD that labor takes place at the tenth menstrual epoch due, so that we should multiply the individual interval between two periods by 10. In many women this interval is not 28 days, but $27\frac{1}{2}$, $28\frac{1}{2}$, 29, 30. Hence, a duration of 275, 285, and so forth, is explained. By most authors, says AHLFELD, the duration is placed too high; 280, even 275 days, is too high. To estimate the expectancy of labor NAEGELE added seven days to the first day of the last menstrual appearance, and then reckoned three calendar months back. Thus, he took as the date of conception the second day after the cessation of menstruation, with an average of 274 days, which is very close to the reality. AHLFELD's own plan is to take the tenth day from the beginning, the fifth from the end, of menstruation. There is a possible error in both ways of fixing the date of conception, and to illustrate this point he gives a table of 261 cases, calculated according to both, and showing the actual day of labor.

As to the sensation of movements of the child he shows that in 43 cases in which the day of its occurrence has noted, it ranged from 108 to 134 days, the average being 132.77 days.

The duration of labor in primiparæ was, on an average, 20 hours 48 minutes, and in pluriparæ 13 hours 42 minutes.

HOMŒOPATHIC EDITORIAL ASSOCIATION.

During the last session of the American Institute the members of the Homœopathic Editorial Association breakfasted with Dr. R. J. McClatchey, editor of the *Hahnemannian Monthly*, and after breakfasting a meeting of the association was held. The following gentlemen were present.

I. T. Talbot, of Boston, and W. Tod Helmuth, of New York, of the *New England Medical Gazette*.

R. Ludlam, of Chicago, of the *United States Medical and Surgical Journal*.

S. Lilienthal, of New York, of the *North American Journal of Homœopathy*.

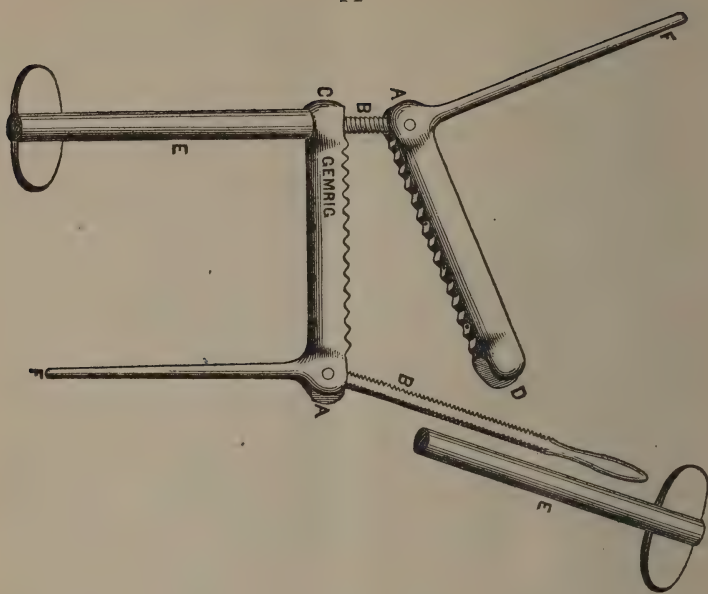
T. C. Duncan, of Chicago, of the *Medical Investigator*.

Bushrod W. James, of Philadelphia, of the *American Observer*.

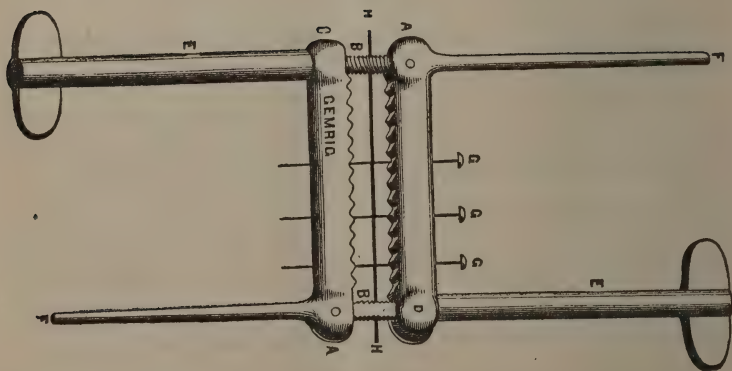
T. P. Wilson, of Cleveland, of the *Ohio Medical & Surgical Reporter*; and Messrs. Bœricke and Tafel, publishers.

The association, after transacting business relating to the improvement of homœopathic medical journalism, and electing officers, adjourned to meet at the next session of the American Institute of Homœopathy.

A



B



Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

ATLEE'S NEW OVARIOTOMY CLAMP.

Operators who use the clamp in the treatment of the pedicle in ovariectomy, find the application of the clamp to flatten and spread out the pedicle, and then take up a considerable space in the abdominal wound. In order to get rid of this objection, Dr. W. L. Atlee has modified the ordinary clamp in use by himself by adding several small holes for the insertion of a pin through the blades of the clamp whereby the pedicle can be crowded up in one corner of the clamp after it is applied, and before it is screwed up, so that when the compression is made the pedicle cannot spread beyond the confines of the pin. The several openings are made so that the same clamp may be applied to various-sized pedicles.

The engraving (A) shows the instrument open, as when not in use. The notched portions are the blades, and the serrations are made to enable it to hold with a tight grasp on to the pedicle and prevent slipping. The arms, F F, are projections for the blades, and are simply useful to steady the instrument on the abdomen and assist in holding it in position. A A are the jointed hinges, to which male screws are fastened, as shown at B B. One of them, you will notice, passes through a perforation in the clamp at C, and over this male screw is a tubular female screw, E, which is put on and screwed down by twisting the expanded thumb-piece observed on the end of E. You will see that the lower B male screw is not to be slipped through a perforation, but it is intended to slip into a slit into the opposite blade, and then the lower female screw is slipped over, after the pedicle is within the clamp, and ready for tightening.

The small dots on the other blade show the orifices through which the pin is to be placed.

The lower instrument shows how it is applied ; G G G being the pins, and H H exhibiting the line of the abdominal incision.

In putting on the clamp, in order that you may always keep a good view of the wound above, the pin should always be on the pubic side and below the pedicle. Atlee claims that this instrument compresses the pedicle into the smallest space, and favors greatly the more complete closure of the wound as well as aids the approximation of its edges. Wells' circular clamp for this object is not much more satisfactory than the simple ligature of the pedicle at the point where the clamp is to be applied.

SINGLE FLAP OPERATION IN AMPUTATION OF THE LEG AND THIGH.—Dr. Carpenter, in the transactions of the Pennsylvania Medical Society (*Medical and Surgical Reporter*), claims the following advantages for the single flap (anterior) operation in amputations of the leg and thigh: The vessels being divided transversely, as in the circular method, are more readily secured. Drainage is more perfect, and there is, therefore, less liability to bagging of pus ; and that, under these circumstances, union by "first intention" is more likely to occur. With regard to the stump, no tenderness can be caused by pressure upon the nerve in the face of the stump, inasmuch as it has been cut off with the main vessels in the rear ; the unbroken surface of normal tissues extending across the end of the bone is not liable to bruising, or to ulceration, or tearing open, and an artificial limb can be adjusted much more satisfactorily, its pressure being exerted mainly against the anterior portion and face of the stump. In performing the operation it is important that the flap be made of sufficient length to reach the rear of the stump without stretching, and that the soft part, posteriorly, be divided by a perpendicular sweep to the bone. The results of this operation were exceedingly satisfactory where used during the late war.—*Medical Archives*.

ELECTRICITY IN CANCER.—The London correspondent of the *American Practitioner* recently heard at the Clinical Society

the description of a case of encephaloid of the femur treated with electricity. The pain had gone beyond the control of morphine up to twenty-four grains per diem hypodermically, and enormous quantities of chloral. The continued current was based upon it, with the effect of destroying the pain and lessening the tumor somewhat, but death ultimately followed. Fourteen cases of cancer were also referred to by Althaus in which the remedy had been used. In all of them pain was destroyed; in two the tumor disappeared; in the remainder the disease progressed to death. The two successful cases were in the breast; the others were advanced cancers of the womb. These are unpublished cases. Althaus' apparatus consists of a gilt needle for introducing the continued current, or, when the tumor is large, a number of them joined to one wire. The theory is (partly, at least,) that a caustic alkali is set free or formed interstitially. Twenty-five applications were used in one of the successful cases. During the treatment the patients experienced no inconvenience; attended as usual to their daily work and pleasure. He says that Althaus has a broad, high forehead, with a large, open face, lighted up with intelligence. With the most varied information on all subjects he is as modest as a child.

MEDICAL USES OF CARBOLIC ACID.—Dr. N. S. Davis, of Chicago, Ill. (*Chicago Med. Examiner*) in his "Report on the Medical Uses of Carbolic Acid" to the Illinois State Medical Society, refers to two cases of cancerous disease and ulceration of the os and neck of the uterus which were much relieved by using the solution of carbolic acid internally, at each meal time, and a stronger solution twice a day as a vaginal wash. They were kept comparatively comfortable for many months, but the effects were only palliative. A neighboring physician informed him that he had a case of cancerous disease, of well-marked character, that had been kept stationary and the patient comfortable more than twelve months, under the constant use of carbolic acid. Dr. Davis has also used it with temporary benefit in two cases of cancerous disease of the stomach. He does not regard carbolic acid as a specific for the cure of any form of disease, but from its mildly sedative influence on the organic

nervous system and mucous surfaces, coupled with strong anti-septic properties, it is admirably adapted to meet certain indications that arise during the progress of a great variety of diseases.

A SIMPLE DRESSING FOR FRACTURE OF THE CLAVICLE.—Dr. Lewis A. Sayre, of New York (*American Practitioner*), has finally reduced the treatment of this fracture to two strips of adhesive plaster, without any axillary pad ; and as such he now gives it to the profession as the simplest and most efficacious plan yet devised. His method of keeping the inner portion of the clavicle from riding over the outer portion is by putting the clavicular portion of the pectoralis major muscle on the stretch, and compelling it to pull the clavicle in place, and thus overcome the tendency of the clavicular portion of the sterno-cleido-mastoid to elevate it, which it will always do unless this precaution is taken. After drawing the arm backward and retaining it there by a strip of adhesive plaster, pass another piece of plaster from the well shoulder across the back, and by pressing the elbow well forward and inward, the first plaster around the middle of the arm is made to act as a fulcrum, and the shoulder is necessarily carried upward, outward, and backward ; and the plaster, being carried over the elbow and forearm (which is flexed across the chest) to the opposite shoulder, the place of starting, and then secured by pins or stitches, permanently retains the parts in position. Dr. Sayre formerly commenced the first plaster on the inner side of the biceps ; but he found that that muscle would roll around and the plaster would lose its hold, requiring to be renewed occasionally ; and if it completely encircled the arm for the purpose of a stronger attachment, it would arrest the circulation, and thus prove dangerous. He uses strong and good adhesive plaster (Maw's moleskin is the best) cut into two strips, three to four inches wide (narrower for children). By this plan of treatment the patient is only detained from his daily avocation a sufficient length of time to properly adjust the strips of adhesive plaster. In one instance a prominent lawyer of New York city slipped upon the ice and fractured his clavicle on the way down-town. He was brought to his office. Dr. Sayre dressed him in the manner described

at 9 A.M., and before 11 he was pleading his case in the open court. A blacksmith was brought to his office with a fracture of the left clavicle. He dressed it, and in less than an hour the patient was again working at the forge with his other arm, and continued his labor without any interruption. In both cases the union was perfect and without any deformity. In closing, Dr. Sayre could multiply these cases by many similar ones, and he therefore feels quite confident that if any surgeon will follow the plan suggested he will have equally good results.

NEW TREATMENT FOR SMALL-POX.—Dr. J. J. Garth Wilkinson, of London, England (*Canada Lancet*), has called the attention of the medical world to a new method of treating small-pox, which he has tried in four cases of varied degrees of violence with complete success. In these cases he used *Hydrastis canadensis* and *Veratrum viride*, both internally and locally as a lotion. The former, he says, extinguishes the varioloid poison, while the latter subdues the inflammation and primary fever. In regard to diet, he advises a judicious use of brandy and water, claret, Carlowitz or Hungarian wines (port when the patient has begun to amend), beef-tea, and, in consequence, fruit. He claims for this treatment that it abridges the duration of the disease, makes it almost painless, subdues the inflammation and primary fever, annuls the secondary fever, checks pustulation, prevents itching and stench, and saves the patient from any but the slightest pitting. He also claims for the *Hydrastis* that it is an effective prophylactic or preventive to ward off the approach of the disease. The plant named *Hydrastis canadensis* is found within the limits of New York State, and probably elsewhere in the United States and Canada. The plant is popularly called orange-root, and sometimes yellow-puccoon, but it must not be confounded with another plant commonly called puccoon. To quiet nervous restlessness, both during the course of the disease and the period of convalescence, he advocates the use of bromide of potassium.

[The above report is copied from the *Medical Record*. In publishing it the editors probably were not aware that Dr. Wilkinson is a homœopathic physician.]

ACUTE ORCHITIS CURED IN TWENTY-FOUR HOURS.—The following case is related by Mr. Jordan: A man, aged thirty, had intense pain, intolerable tenderness, and great swelling and induration in both testicles, and could not stand upright. The scrotum was covered with a solution of nitrate of silver (two drachms to an ounce); a stripe of vesication was established over the upper halves of both femoral arteries by means of linimentum iodi, and the testicles supported by cotton wool. He was well in twenty-four hours.—*Abstract Med. Sciences.*

CANCER.—Dr. G. Von Schmitt (*The Doctor*) blames the authorities of the Middlesex Hospital for not giving him the run of their cancer wards to try his vaunted method, by which, he says, "more than one-half could be saved—completely cured." The editor of *The Doctor* says that the following remark does not encourage us to pin our faith to the writer: "Does there really exist a cancerous virus? To this question I answer without hesitation—yes, there exists a cancerous virus as a syphilitic one. What is the nature of this virus? It is an organic animalcule like the syphilitic virus, and the product of a morbid alteration; but in cancerous affections it must be admitted in principle that it is much easier of development without pre-existing seed, by the concurrence of circumstances, which depend upon the state and the exercise of the functions of the weakest and most sensible organism." His new method consists in the use of a diet-drink internally, and certain applications to the part. The principal drugs used are celadine, a plant belonging to the papaveracæ and quaco, to the Eupatoriæ, and of which the author seems to have learned the value from the Japanese or Malays. With these and galbanum, myrrh, petroleum, etc., he makes ointments and plasters, which he dignifies with names taken from the Malays, viz., calfonia, cabbazazer, ankalkakkit, kurawaif.—*Medical Record.*

SUBSTITUTE FOR THE FORCEPS.—A British medical officer, traveling in India, met with a case of labor requiring the use of the forceps. Not having any instruments at hand, he sent for some dancing-girls, and selecting the one with the smallest hands, caused her to introduce them after the manner of forceps, and so to effect delivery.

Pathology and Microscopy.

PROFS. D. A. COLTON, M.D., AND SAMUEL A. JONES, M.D., EDITORS.

THE BIOLOGICAL PROBLEM OF TO-DAY AND HOW IT IS BEING WORKED OUT.

The records of science will show that improvements in the construction of the microscope and discoveries in its domain have proceeded *pari passu*; and from this we may assume that when any line of investigation involving the use of this instrument is eagerly worked the restless activity of Intellect will at once endeavor to either extend the old or develope new means of research. As might be expected, the nature of the work to be done determines the direction of the development of the means of research. Not so very long ago the astronomer found his vision stayed by the white wall of the milky-way. But the "thinking need," as Pascal writes, refused to deem itself as having reached the confines of God's omnipotence, and it appealed to Mind to help it on its journey. And when it looked again, behold, the impenetrable milky-mist became a star-mist—an effulgence of the glory of innumerable orbs—and man called this miracle the resolving of *nebulæ*.

Biology appeals to microscopy for the resolution of that grandest *nebulæ* of Time—Life. Man would wrest from Nature the Maker's secret. The old Promethean feat is remembered with yearning; the Promethean penalty forgotten or despised. We are of the blood who bought knowledge though Eden itself were the price, and this "transmitted influence," this divine soul-hunger impels us with ceaseless importunity to ask for the solution of the problem, though perchance we shall receive it only at the golden gate.

The great burden of this endeavor has fallen upon micro-

scopy ; and thus far right nobly has it been sustained. Witness the efforts that have been made to establish Heterogenesis since the time when Needham startled the theologians, and Spallanzani broached his counter theory of omnipresent germs, to which even Huxley—the incarnation of Protoplasm—made obeisance at the last session of the British Association for the Advancement of Science. In each of these successive attempts, both for and against Heterogenesis, you can note not only more careful precaution in details, but an ever-increasing elaboration of the microscopical portion of each investigation. Pasteur and Pouchet employed so limited an amplification that to-day their results are regarded with distrust. Childs and Beale, Bastian and Frankland, have brought to bear upon this question the highest powers yet afforded by the optician, and the fruits of their research, while giving but little toward a final answer, have exposed some fallacies—a negative benefit, and probably best appreciated in microscopy—and stimulated the attempt to develop the capacity of the microscope in an almost entirely new direction.

Hardly had the dash of the sword-play between Bastian and Huxley on this matter died away when a noted student of Nature said, “We must recognize that the oft-repeated, much wondered experiments which are made to prove or to disprove spontaneous generation, are useless. We must go another way to work. We could never hope to see the development of life from inorganic matter as long as cellular organisms were the simplest known to us, nor can we attach value to experiments professing to show this. Our chance is, however, bettered by the discovery of the Monera. These we may possibly see developing from matter devoid of life.”*

Here, then, we have a new and important field for microscopy opening up in the avowed possibility of beholding some simpler than cellular organisms “developing from matter devoid of life.” In this possibility we have the “Plastic theory,” advanced by Haeckel to supplement that household-word in science—the “Cell theory.” Let us take a hurried glance at this “Plastic theory,” as it is outlined in a recent review :

“Just as at one time the cell was conceived to be the simplest

* *Quar. Jour. of Microscopical Science*, Jan. 1870, p. 67.

living form, as seen in the ovum and uncellular organisms, and just as it was conceived that organisms are built up by aggregations of these simplest morphological units, so now we must admit the existence of still simpler units—the simplest conceivable—mere bits of Protoplasm, undifferentiated, without nucleus, living freely as Monera, and possibly also becoming aggregated to form tissue. That such units should exist is what we were gradually led to expect by the researches of Max Schultze and others, resulting in the abandoning of the cell-wall and the rise of the all-important Protoplasm theory. It is Haeckel who has discovered them. He calls these simplest units cytods, and classes cytods and cells together under the head Plastids. The cytod being the simplest possible form of life, it is this form under which life first appeared, and it is this which we should look to see formed by so-called spontaneous generation. In the course of development the cytod has given rise to the cell by internal differentiation of a nucleus. Since the development of the individual (ontogeny) is a more or less complete epitome of the development of the species (phylogeny), we should expect such plastids as are cells to pass through the cytod condition in their life-cycle, and we find that they actually do. Since the cytod is the earliest form all organized beings have sprang from it, but all but Monera have passed through the cell stage also, and hence in all the higher forms the cytod condition in the development of the individual is obscure, the ovum appearing first as a cell, though amœbæ, gregarinæ, and radiolaria reproduced by cytods.*

What a sublime demand upon Microscopy is this: to bring all its resources to the scrutiny of the first link of the long and varied chain of Life. And what a chain to survey—its last great link in man: its first issuing from the *wischleim* of the sunless ocean depths.

Let us briefly outline the aim of this new theory. We have been taught to regard a nucleated vesicle as the archetype of the organic, and to recognize in this nucleated vesicle a Force by virtue of which inanimate is transmuted into animate matter, thus perpetuating the cell species.

In the term applied to this Force, Vital Principle, we have marked the limit of biological research. In so doing we have not determined the absolute value of the x and the y in the problem; we have only tacitly agreed to admit that a satisfactory conception is afforded by the assumption of a Force

* *Op. cit.*, p. 50.

which includes all the undetermined quantities of the equation in its own name.

Beale, who is the most emphatic, if not the most able of the Biogenesists, and who has undoubtedly studied life under the highest-amplifications yet employed, asserts that the phenomena exhibited by this so-called Vital Principle clearly show that it differs from all the other known forces—that as a Force it is *sui generis*.

Others, not less distinguished in the annals of science, interpret these identical phenomena very differently. Indeed, so far from accepting the hypothesis of a Vital Principle, they take especial care when employing the single word “vital” to qualify it distinctly. “In stating that Protoplasm is capable of active or vital movements,” writes Stricker,* “we have by no means admitted the existence of an immaterial force.” Ed. Weber has expressed himself very decidedly upon this point, and at the present day the position he took up is still tenable. “According to my view,” said Weber, “the movements of any living body are not dependent upon two kinds of force—namely, first upon forces which are exerted upon this body by other bodies, and secondly upon forces which are exerted on this body by life; but there is one kind of force on which the movements of all bodies depend—namely, the force which is exerted on it by other bodies.”†

The aim of such a philosophy is, in the words of Carl Ernst Baer, “to trace back the constructive forces of the animal body to the universal forces or laws of being of the entire world.” However dissonant with our beliefs this aim may be it has in its favor such a conception of the unity of the Divine Plan as is denied to the idea of a superimposed “immaterial force,” and a recent reviewer does not hesitate to declare that Baer’s words mark “the goal of biological science.” To the best of our knowledge Lorenz Oken was the first to point the direction in which this backward tracing must be effected, and as the ultimate gaining of this goal promises to modify the dictum, *omnis*

* Human and Comp. Histology, vol. 1, p. 17. New Sydenham Society, 1870.

† It is a pleasurable duty to note that, while Weber’s “view” bears the date of 1868, this very doctrine was elaborated some twenty years previously by Professor H. P. Gatchell—a philosopher of whom American Homœopathy may well be proud.

cellular a cellular, we will quote at some length from Okens "Elements of Physio-Pathology."

"896. In the metamorphosis of the earths, when the chemism was added to the process of formation, not only the alkalinity and acidity issued forth in the calcareous earth and the salts, but the pure earthy also became free from fixity, and manifested itself as *carbon* in the carbonic acid.

"897. The last product of an antecedent stage is always the basis of that which is subsequent. *The fundamental matter of the organic world is consequently the carbon.*

"898. If in this carbon the three processes of the planet, namely, the formative or its special, the chemicalizing or fluidizing, and the electrifying or oxydizing process, concentrate themselves, and are present with all their energy in every atom of the organic body ; so must the mass of carbon be at the same time solid, fluid, and ærial, oxydizable in every spot, and thus also *soft*. Now a carbon mixed identically with water and air is *mucus*.

"899. Mucus is oxydized, hydrated carbon ; or, expressed in purely philosophical language, mucus is the universality of the minerals and elements, or the synthesis of earth, salt, inflammable, and ore in water and air.

"900. Every organic has issued out of mucus, is naught but mucus under different forms. Every organic is again soluble into mucus, by which naught else is meant than that the formed mucus becomes one devoid of form.

"901. *The primary mucus, out of which everything organic has been created, is the sea-mucus.*

"902. Mucus belongs originally and essentially to the sea, and has not been mixed with the latter through the dissolution in it of putrefying substances.

"903. The sea-mucus has originated in the progress of planetary development, like the calcareous earth has with the carbon, and like the sea salt. As little as this could have entered the sea originally through solution of rock-salt, so little could the mucus through the perishing of animals and plants, for none of these were yet present, but could be first developed only with the production of this mucus.

"904. The sea-mucus was originally generated through the influence of light, and by the denudation of the crude masses, especially of the earths and salts, which was thereby effected ; while with the metals and inflammables ranging opposite to these, the carbon thus became free, and betook itself as carbonic acid to the water and air. Thus, also, has salt been produced.

"905. The sea-mucus, as well as the salt, is still produced by

the light. Everything takes place through the differentialization, or by the absolution of fixed poles on the earth element. *Light shines upon the water, and it is salted. Light shines upon the salted sea, and it lives.*

"906. All life is from the sea, none from the continent.

"907. All mucus is endowed with life.

"908. The whole sea is alive. It is a fluctuating, ever self-elevating and ever self-depressing organism.

"909. Where the sea-organism by self-elevating succeeds in attaining unto form there issues forth from it a higher organism."*

Further citations would show how strikingly Oken's oracular utterances have found corroboration in recent research—especially in the investigations of Max Schultze; but we have quoted sufficient to point out the goal of the ablest biologists, and at least enough to justify the paraphrase that Oken laid the egg which Haeckel is hatching. Let us sum up the substance of this last demand upon microscopy. It is claimed that Haeckel has gone beyond the cell and "discovered life without structure." "In the Acyttaria * * * there is absolutely no trace of cell structure. Gromia, Globigerina, and others, give no trace of a nucleus. They are simply cytods, not cells. They reproduce by spore-formation, amounting merely to the separation of a piece of their body-substance."

The verification of the "Plastic theory" will mark an era not less emphatically than did the enunciation of the "Cell theory"; and in the light of it we find a deeper meaning in the Tennysonian lines :

"Through the shadow of the globe we sweep into the younger day,
Better fifty years of Europe than a cycle of Cathay."

Before leaving this topic we may be allowed to remark that to many of us this bold step will reveal a so-called "materialism" from which certain articles of faith rather than of demonstration will cause us to shrink; while to others the results of this step will only call for the services of that prerogative of the soul which is charged to "prove all things, and hold fast that which is good."

We laugh at King Canute for seeking to stay the swelling tide; perhaps we may be allowed a polite smile of quiet com-

* *Op cit.*, p. 184 et seq. Ray Society, London, 1847.

passion for the anachronismic Dryasdust who would put a "goose-yoke" on the Thinker. We must note the spirit of the age; and is not the mental energy of this nineteenth century such as to make it seem as if Man had sworn to scale

"The great world's altar-stairs

That slope through darkness up to God?"

To be sure, the attempt will be a poor, purblind, human *groping*, because, on this side, our eyes are very poor; but as the flame seeks the sun so does the God-like in man aspire with yearnings infinite to its Great Original. And is not the God-like in man characterized by this, namely: that it makes us hunger for His knowledge rather than covetous of His power?

We must, then, grant a dispassionate hearing to these men who have dared to step beyond the *non plus ultra* toe-line of a very respectable conventionalism. We are too apt to deem them impious iconoclasts, when their sole offence is a sincere desire to read the Creator's plan in an older book than even the Talmud. This old world of ours has seen queer things—so queer, indeed, that we, the "heirs of all the ages," should not be startled by anything. And among these queer things is an age when it was among the possibilities for a good monk while devoutly obliterating a voluptuous Venus from the canvas, to find that his completed work revealed a crucified Christ—the nobler creation of an earlier artist. "The rock-ribbed hills, eternal as the sun," were long before the pages of Genesis, and their fresh, primeval testimony has been condemned only in that Index Expurgatorius which must include the Galileos of all progress.

As the seed of him whose teachings make us members of the American Institute, we must not forget why Hahnemann was ostracized, and by all that we owe to his memory we must have open arms for those who dare to think beyond and outside of the common treadmill round.

THE GERM THEORY.

In a recent lecture on "Dust and Smoke" (June 9, 1871), Professor Tyndall presents some facts of such value to the

physician that we transcribe them from the last number of *Nature* (June 15, 1871).

"I wish to direct your attention to the experiments of Von Recklinghausen, should you not happen to know them. They are striking confirmations of what you say of dust and disease. Last spring, when I was at his laboratory in Wurzburg, I examined with him blood that had been three weeks, a month, and five weeks, out of the body, preserved in little porcelain cups under glass shades. This blood was living and growing. Not only were the amœba-like movements of the white corpuscles present, but there were abundant evidences of the growth and development of the corpuscles. I also saw a frog's heart still pulsating which had been removed from the body (I forget how many days, but certainly more than a week). There were other examples of the same persistent vitality, or absence of putrefaction. Von Recklinghausen did not attribute this to the absence of germs—germs were not mentioned by him; but when I asked him how he represented the thing to himself he said the whole mystery of his operation consisted in keeping the blood *free from dirt*. The instruments employed were raised to a red heat just before use, the thread was silver thread and was similarly treated, and the porcelain cups, though not kept free from air, were kept free from currents. He said he had often failures, and these he attributed to particles of dust having escaped his precautions."

"Professor Lister, who has founded upon the removal or destruction of this 'dirt' great and numerous improvements in surgery, tells us of the effect of its introduction into the blood of wounds. He informs us what would happen with the extracted blood should the dust get at it. The blood would putrefy and become fetid, and when you examine more closely what putrefaction means, you find the putrefying substance swarming with organic life, the germs of which have been derived from the air."

Translations from Foreign Journals.

PROF. S. LILIENTHAL, M.D., EDITOR.

SARRACENIA PURPUREA.

A CONTRIBUTION TO ITS STUDY, BY DR. T. CIGLIANO, NAPLES, ITALY.

Several persons re-prove this remedy with the following result:
Heaviness of the head, with alternate apathy and intellectual activity.

Passive pains in the orbits, so that he could not keep his head erect.

Loss of appetite with bad taste; constipation for ten days, with hard and voluminous fæces; light colic.

Horripilations between the shoulder-blades, sometimes at 3 or 4 P.M., or in the evening; general chills at the same place.

Chills, heat and sweat at 5 P.M. (in a lady).

Vague pains; fixed pains in the small of the back—rachialgia; pains in the diaphyses of all the long bones, worst in the humerus, especially the left. Pains in the third and fourth ribs, with great apprehension of heart-disease (these symptoms lasted for about three months after the remedy was stopped).

Sleepiness in daytime, sleep disturbed by strange and frightful dreams; sleeplessness.

Exacerbation of all symptoms in stormy weather; about midnight and at 3 P.M.; amelioration in fresh air and out of the bed.

Eruptions similar to crusta lactea; on forehead and hands papular eruptions, changing to vesicular with the depression, as in small-pox, lasting from seven to eight days.

1st. OBSERVATION. L. C., jeweller, 23 years old, vaccinated in infancy, had a severe chill for two hours, followed by burning heat, pain in epigastrium, nausea, pain in the small of the back, and at the first part of the night delirium and craziness. We found him with very frequent pulse, high tempera-

31 October.

ture, dry skin, spleen somewhat enlarged. The vomited matter consisted of bile, mixed with some blood. *R Sarracenia* tincture, two drops every two hours. Half an hour afterward the pulse was less frequent, the temperature decreasing, the vomiting less painful. Two hours afterward an aggravation set in, followed in the evening by a general sweat, variola in the face in the stage of efflorescence (two and a-half days after the first febrile symptoms), spreading for the next three days over the whole body, with decided remission of the fever, the vomiting and the backache. The eruption became most confluent on the face, pharynx, larynx, and conjunctiva. Under the continued use of the *Sarracenia* he had the secondary fever already on the eighth day, and on the ninth day our patient felt quite comfortable. After the crusts fell off, and except some redness there was hardly any pitting. The same *Sarracenia* was given to every member of the household, and two sisters, nursing their brothers, came thus off with only a very mild attack.

2d. OBSERVATION. G. C., 18 years old, vaccinated in infancy, was taken last February with severe bursting headache, loss of appetite, constipation, general malaise, followed in twenty-four hours by necessity to lie down, intense chill with heat, gastric disorders, nausea, vomiting, diarrhœa, great thirst. We found him with a red face, pulsating carotids, pulse 120, temperature 41.5, dry skin, spleen increased to double its size. *R Sarracenia* tincture, two drops every two hours. Under its use the eruption appeared rapidly, scantily over the body, confluent in the face, with decreasing but persistent fever. There was a rapid change to the vesicular stage, but without any hyperæmia nor œdema, and by the ninth day, the eruption ceasing its usual course, the pulse was down to 77, temperature 37. No pitting followed. Every member of the household took *Sarracenia* 6 as preventative, and all escaped the dire disease.

3d. OBSERVATION. E. C., a baby of one year, and teething, not vaccinated, was taken down last February with vomiting and purging, high fever, great thirst, sleeplessness and restlessness at night. Our usual remedies, as *Puls. Cham.*, failed to bring any relief. The child became steadily worse, till on our fourth visit we observed some small pimples near the lips, and made

the diagnosis of variola clear. R *Sarracenia* 3, five drops in some water, a teaspoonful every half hour. Next day we found the diarrhoea diminished, vomiting stopped, less thirst, eruption developing nicely, fever and pulse better. The eruption steadily progressed during its several stages, but as it invaded the larynx, pharynx, and nose and eyelids, our young patient could only be considered in a very critical state. The secondary fever appeared on the eighth day, and by the eleventh day the child could be considered out of danger. The sixth of *Sarracenia* was also here given to the household as preventative, and the whole family enjoyed a perfect immunity from it.

4th. OBSERVATION. Dr. Mucci sends us the following cases: J. C., 30 months old, a precocious child, took the small-pox from his sister, who had the varioloid about two weeks before. He became restless, slept poorly and lost his appetite. A few days afterward he got a severe chill for a few hours, followed by violent fever, headache, cough, coryza, sneezing and difficulty of breathing, to which gastric symptoms were soon added—as coated tongue, aversion to food, obstinate constipation, nausea, and vomiting. The allopathic physician, considering it a gastro-rheumatic fever, prescribed a mild purgative and a sudorific potion. But after three days all the symptoms were worse, and convulsions set in. We found him in convulsions, weak pulse, face pale and swollen, skin hot and perspiring, abdomen tense on account of the many oleaginous injections received in order to produce a stool, and we gave him, therefore a few pellets of *Belladonna* 6, which seemed to quiet the storm for a while, during which we examined it more carefully and found on the forehead and face red spots, the cervical glands engorged, the pulse quick and frequent, and the child manifested pain at pressure on the back and loins. Alternating use of *Bellad.* with *Aconite* did not prevent the eruption from becoming confluent on the face, where there was not a free point, and it was well out all over the body and extremities, with high fever, great thirst, restlessness and sleeplessness. The catarrhal symptoms were gone R *Sarracenia* 6, fifteen glob. in water, a teaspoonful every two hours. On the third day of the eruption the pimples appeared to remain stationary and dried up with-

out becoming converted into pustules, and the child soon recovered its usual health.

5th. OBSERVATION. C. S., 8 months old, was attacked, after the usual prodromal state, with small-pox in the confluent form, and was covered with it from head to foot ; but under the continued use of *Sarracenia* he passed the suppurative fever on the ninth day, and was soon after convalescent. It was remarkable in this and other cases that a great many pimples dried up without going through the different stages.

From our own observations and those of other colleagues, whose communications we cannot give for want of space, we draw the following conclusions :

1. Soon after giving the remedy the temperature increases a little, but finally diminishes in direct proportion to the fever ; usually in a few hours.

2. *Sarracenia* shows its influence at every stage of the disease. In the prodromal stage it breaks up the fever and the disease.

3. In the stage of eruption the temperature oscillates between 37 and 39. The whole disease is over by the ninth day, without any suppurative fever.

4. The pulse always diminishes about ten beats a minute. It does not always coincide with the abatement of temperature, but will always be found in direct ratio of the individual frequency.

5. The variolous papulæ become vesicular, without becoming enlarged at their base.

6. The vesicles never pass in perfect pustules, but dry up, assuming a semi-spheric form, and in consequence of it the suppurative stage does not set in and no depression will be found.

7. The contents of the vesicles are always serous, or at most sero-purulent.

8. *Sarracenia* not only develops a curative power, but it is also a preventative against the variolous infection, diminishing greatly the individual disposition to catching the disease without entirely extinguishing it.—*Il Dinamico*, April, 1871. S. L.

Hygienic Observations.

SUCCESS IN VACCINATION.

BY F. L. VINCENT, M.D., TROY, N. Y.

There is a disposition to undervalue the prophylactic benefits arising from vaccination, and many of the profession perform the operation seemingly indifferent to results. If successful, 'tis well; if failure, they are as apt to attribute the cause to insusceptibility of the child as to the *very possible imperfect operation*, or the use of *worthless material*. The result of this has been to augment the ranks of the opponents to vaccination, both among the profession and the laity. They asserting that there are depurating benefits arising from small-pox. That the introduction of vaccination has been attended with the development of new diseases more malignant than the one it strives to prevent. That, moreover, the boasted claims of vaccination as a *radical* prophylactic are unreliable. Persons even recently vaccinated had attacks of varioloid, and in some instances by confluent, or as Trousseau fitly terms it, *un-modified* small-pox, from which death ensued.

It is not my purpose to offer any special arguments in refutation of these objections, so readily met by statistical evidence,* but the rather to stimulate the profession to greater care in selecting material, and in performing this far from trivial operation.

The first cause of failure is in the selection of material. *Im-perfectly developed scales*, that though able to produce local symptoms and even form pustule and cicatrix, are far from effecting the system prophylactically. *Lymph extracted after the fifth or sixth day*, when most of its activity is gone. *Too old ma-*

* Trousseau Clinical Record, Vol. II.

terial, which by exposure to heat and light has become inert. *Impure virus*, from syphilitic, erysipelatous and herpetic subjects. *Careless wetting of the scab or point*, exposing it to the air, resulting in animal decomposition, and developing *septæmia* instead of *vaccina*.*

These contaminated elements are grafted into some susceptible little system, to the disgrace of the fraternity, the consternation of the family, and the injury of an otherwise justly popular practice, awakening prejudices in the minds of the ignorant difficult to eradicate, of which we all have had ludicrous examples. One patient of mine honestly averring I had inoculated her with *acarus scabiei*, as she claimed that disease had not existed prior to the vaccination. And are there not latent diseases sometimes awakened by vaccination?

Our surgeons are frequently baffled in a brilliant operation by the unlooked-for development of some latent dyscrasia; and from this cause many times a trivial operation proves fatal. And why should not an operation which influences the system, by both local and constitutional stimulation, be attended by malignant symptoms peculiarly inherent in the individual? developing erysipelatous even gangrenous symptoms in the wound, while neither the scalpel nor the virus "have any part or lot in the *matter*." A convincing proof of this was furnished when upon vaccinating thirteen individuals at the same time with the same instrument and the same virus, seven developed full and healthy pustules that passed through the various stages with nothing noticeable, while the eighth subject, a delicate young girl hereditarily scrofulitic, upon whom the virus expended itself vigorously, developed an enormous vesicle which soon after filling flattened, formed a scab, from the edges of which an ichorous pus exuded irritating the subjacent tissue; and only by prompt remedies and emollient poultices kept from phagedenic ulceration. The other five were but locally impressed. Had the above been an *individual case* the virus would have been pronounced *impure*, and I would have suffered opprobrium. This is but one of numerous cases of like character that can be cited.

Individual susceptibility to variolous disease oftentimes

* New York State Transactions, 1870.

modify the prophylactic benefits of vaccination. We all acknowledge the possibility of repeated attacks of variola, and can account for it only on the ground of a physical *idiosyncrasy*. Such temperaments simply require vigorous and *repeated* vaccination to eliminate the psora. And here let me direct your attention to the most prominent cause of our failure to secure complete prophylaxis, it is the habit of vaccinating in but *one place*. Though it may create a perfect vaccine disease it fails to afford the system sufficient means for elimination, unless nature, through the medium of independent vaccine pustules, spontaneously accomplishes the result. Thus when repeated attacks of variola do occur in these over-susceptible individuals, is it strange or any argument against vaccination that this same class of individuals are not perfectly protected by a single operation? It does not become me to state the absolute amount required to develop vaccine disease in the system. It *may* be effected by the late method of *dynamized virus* (or the rather dilutions by glycerine), or it may require the introduction of *material quantities* of the scab beneath the cuticle. But allowing this to remain a question for future adjudication, I do believe that to secure the entire benefit arising from vaccination not only repeated operations become necessary but the introduction of the virus in three or four places, giving free outlet to the induced disease, and by the introduction of a quantity of virus secure, fully developed, the constitutional effects of the variola vaccine.

During the present year I have had opportunities to test this point, having failed to elicit any but local effects from the *single* introduction of the virus. I met with gratifying success in the same individual when vaccinated in several places. M. Simon from six thousand cases of small-pox deduces the following facts: "That the ratio of deaths among those who stated they had been vaccinated but who presented no vaccine cicatrix, was $21\frac{3}{4}$ per cent.; among those who had *one* cicatrix, $7\frac{1}{2}$ per cent.; among those who had *two* cicatrices, $4\frac{1}{2}$ per cent.; those who had *three* cicatrices, $1\frac{3}{4}$ per cent.; and among those who had *four or more* cicatrices, $\frac{3}{4}$ per cent." Thus plainly exhibiting the necessity for numerous pustules to make the pre-

vention radically certain. That we do not operate thus thoroughly I am convinced from personal observation, having both in a public institution in which I am medical attendant and in private practice vaccinated during the past year nearly three hundred persons, and found a very small percentage possessed of more than *one* cicatrix, though deeming themselves protected thereby. Fully eighty per cent. were successfully vaccinated.

Dr. Martin of Boston and also Dr. Foster* of the New York Dispensary lay great stress upon the operation, claiming that in many instances failures attributed to the inertia of the material is in reality due to the imperfect introduction of the material to the absorbents. The plan recommended by them, and which I have adopted for some time, is that of *scarification*, making four or five vertical and as many more transverse scratches, drawing a little blood rather than avoiding it—sufficient to dissolve the virus on the ivory point—finding the blood a much better solvent than water. The virus I prefer is that supplied by Dr. Martin. He furnishes points charged with the lymph extracted from the vesicle during its greatest activity, and though the prevalent objection to *kine-pox*—*severity of action*—holds good with much of our imported virus, I can but recommend the Boston stock as being exempt from any such charges.

We, as conservators of health, have certainly a responsible duty to perform; inspiring confidence by selecting with the greatest care our material; performing the operation thoroughly, knowing that upon its success depends not only the avoidance of a loathsome disease, but many times death itself; and the securing if needs be by legal enactments the vaccination and re-vaccination of our city poor—those whom poverty and “natural selection” clothes in filth. If these foul nuclei of our contagions could be thus depurated it would not be long before variola would have no place among epidemics.

OPPOSITION TO VACCINATION IN ENGLAND.—There is still a good deal of feeling against vaccination among the more ig-

* Vol. III. American Jour. Obstet., page 377.

norant classes of the population in Great Britain. Referring to the exhibition at the National Portrait Gallery, a London paper says : "Dr. Jenner, although now placed very high and in an unfavorable light, did not escape frequent observation. A woman pointing to it said to her girls, 'There's the one that's making such a lot of children suffer now from vaccination.'" Whereupon another journal remarks, "Poor Dr. Jenner! with his statue placed in a pond in Kensington Gardens, his picture hung in an unfavorable light, small-pox raging in the metropolis, and the Anti-Vaccination League calling him dreadful names, and casting mud at his memory, his punishment certainly exceeds his offence."

THE TRACK OF THE CHOLERA.—The cholera which comes through Northern Persia and Central Asia generally originates at Hurdwar ; that which travels up the Persian Gulf and the Red Sea almost invariably comes from Bombay. Cholera has always pursued these great routes, but sometimes doubles back on itself. Thus the disease has been carried by ships down the Island of Mauritius, and thence to Zanguebar on the eastern coast of Africa, whence it has been transported by slave-ships up to Muscat on the Persian Gulf, and from there down to Bombay.

In the China opium war the disease was carried by English troops from Calcutta, by ships, to the Island of Chusan, on the China coast ; thence to Nankin, Pekin, and the great Chinese border trading-town of Kiatcha, where all the Russian caravans from Orenburg congregate. From Kiatcha cholera was conveyed to Orenburg, thence down to Keiv, Bokhar, Balk, Cabool, and thence down the river Indus into India.

The cholera of 1831 was conveyed from England down to Spain, Italy, the Mediterranean, and reached the Red Sea from the west. In the Russian war the disease was carried back from Algiers and Marseilles to the English and French troops on the coasts of the Black Sea.

Cholera is generally brought up from Persia to Trebizond, on the southeast coast of the Black Sea, and thence distributed to Southern Russia, Odessa, up the Danube, and down to Constantinople. But the disease has reached Constantinople by steamships from Alexandria, and thence been transported east to Trebizond, and thence scattered down into Asia Minor and Persia. The cholera of 1832 forced its way from Canada along the St. Lawrence and the lakes, down the Mississippi to New Orleans ; while the epidemic of 1848 and 1849 reached New Orleans first, and then traveled up the Ohio and Mississippi Rivers toward the lakes and Canada.

Book Notices, etc.

The Rejected Address, "Man's True Relation to Nature; His Origin, Character, and Destiny." By T. P. Wilson, M.D., Editor Ohio Medical and Surgical Reporter. L. H. Witte, Publisher, 17 Public Square, Cleveland, Ohio.

The condemnatory note which at once followed the delivery of this address had a reconsideration in that later action of the Institute which abolished the office of Orator. The first condemnation might have been open to the charge of precipitancy. The second, however, was certainly deliberate, and must be considered as expressing the matured opinion of the Institute.

Dr. Wilson appeals from the judgment of his peers—he publishes in order that his address "may be more carefully examined, and accepted or rejected under a better understanding than could be obtained from its delivery." The fact is, Dr. Wilson has a very poor opinion not only of the Institute but also of his lay hearers, as the following modest hint will testify :

"POSSIBLY A KEY.

"It often occurs to persons familiar with some scientific subject to hear men and women of mediocre gifts relate to one another what they have picked up about it from some lecture—say at the Royal Institute—where they have sat for an hour listening, with delighted attention, to an admirably lucid account, illustrated by experiments, of the most perfect and beautiful character, in all of which they expressed themselves intensely gratified and highly instructed. It is positively painful to hear what they say. Their recollections seem to be a mere chaos of mist and misapprehension, to which some sort of shape and organization have been given by the action of their own pure fancy, altogether alien to what the lecturer intended to convey. *The average mental grasp of what is called a well-educated audience will be found to be ludicrously small when rigorously tested.*—Galton's *Hereditary Genius*, page 21."

There are several refreshingly-cool features about this citation, chief of which is that it evinces Dr. Wilson's own opinion of the breadth and depth of his own address. He thinks that with it he "rigorously tested" the "mental grasp" of his audience; in other words, that Professor T. P. Wilson, M.D., in the

matter of "familiarity with the progressive intellect of the age," and the "stern logic of induction," is *too much* for the American Institute of Homœopathy. However, it finds a greater value with us from the fact that it presents the line on which Dr. Wilson attempts to defend his *faux pas*. In regard to his audience he hints that "their recollections seem to be a chaos of mist and misapprehension, to which some sort of shape and organization have been given by the action of their own pure fancy, altogether alien to what the lecturer intended." This is just the plea of a little boy drawn over the maternal knee, with his breeches down, "Oh, I didn't mean to!"

Now, Dr. Wilson labors under a misapprehension, and our best excuse for noticing his address is that it affords an opportunity for correcting his error. First, then, Dr. Wilson evidently (he cites the resolution of '68 as evidence,) designed his address as a scientific contribution to the archives of the Institute. We find no evidence to show that he succeeded—at least we both heard and read the address without suspecting that it was *science*. Perhaps, however, some other "mental grasp" has been more fortunate, so we will not press this point. Secondly, then, the address is not overstocked with ideas; it rather resembles one of Pharaoh's lean kine. Indeed, so little did *we* feel any strain upon our *kopf* arising from the weight of the address that we are quite certain a very "average mental grasp" is equal to the emergency. Thirdly, the address did not startle from any novelty of its one idea—the antagonism between theology and science. The Institute is as well "up" in the scientific and psuedo-scientific literature of the day as Dr. Wilson claims to be; and, if we may judge by the aspect of the noses around where we sat during the delivery of this address, a stale fish was smelled very early in Dr. Wilson's discourse. Fourthly, it is very probable that the majority of Dr. Wilson's audience accept the *positive* teachings of science in as catholic a spirit as he himself; therefore there was no biassing antagonism to the one idea of his address. Fifthly, Dr. Wilson's error lies in the manner in which he has presented the one idea of his address. We confidently defy him to cite a single physicist who presents so offensive a front to theology as did

the last orator of the Institute. By these men science is not presented as a wrathful iconoclast glorying in and boasting of the breaking of images wrongly worshipped, but as a devout handmaiden of Truth, who seeks to read God's handiwork in His great workshop. True science does not rejoice over what she has destroyed, but what she has found. There be, however, so-called scientists who delight to find a flaw in man's interpretation of Divine Writ. These are they in whom the wish is father to the thought; but these are never the real workers—you never find a Columbus, a Vespucci, or a Cabot of science among them. From his tone alone we judge Dr. Wilson to have cast his lot with these. With such a conception did he impress his audience, and the vote of the Institute condemns his bad taste. Such a topic, treated in a manner so utterly foreign to the true spirit of science, was simply out of place, and to convict Dr. Wilson of bad taste only were to throw the mantle of charity thrice around him.

Throughout this address we find half-apologies for the manner in which "theology" and the "pulpit" are handled; we are also reminded that the Institute is not responsible for the sentiments of its orator; and in both the address and the prefixed "explanatory" a special *post-scriptum* disclaimer is entered to the effect that "the views presented do not appear as the adopted opinions of the speaker." We can but ask, why the need of these? Did the orator feel that he was violating something in the hearts of the audience which has a deeper root than science, because it was fostered by a mother's teachings and hallowed by a mother's prayers? Why exonerate the Institute? Did he feel that the blame for outraging an audience gathered under its auspices was his own and not its? Why exculpate himself by relegating the "views presented" to the "progressive intellect of the age"? Will not the rule which in his address he applies to the pulpit apply to him—"no pulpit nor theology can long stand that ignores, denies, or belittles the teachings of science"? If he does not accept these "teachings of science" why present them for the acceptance of others? In all this the insincerity and the moral cowardice are too evident, and from such a mind and such a heart we need expect

nothing concerning the *truth* of either science or theology.

The most probable solution of the whole matter is that the orator aimed to make a sensation, and in the selection of his topic and the treatment of it acted on the principle by which the Indians used to buy a gun—for the sake of the shock it gave on letting it off. But one shock would not do, so the types were invoked to make it a “repeater.” An unwashed philosopher once said: “Any man may make a mistake, but only a — fool will make the same one twice!” We are afraid our philosopher would be even more emphatic in giving his opinion of the author of an address the writing of which is a positive, the delivering a comparative, and the publishing a superlative mistake. His verdict would doubtless be *malice prepense*, or *non compos*—equally uncomplimentary syllables for equally tenable hypotheses.

S. A. JONES.

We print the following as giving the views of Prof. Wilson's personal friends :

“THE REJECTED ADDRESS.”

BY J. D. BUCK, M. D., CINCINNATI, OHIO.

The last meeting of the American Institute of Homœopathy, at Philadelphia, was on many accounts the most remarkable of its “twenty-eight anniversaries.” The writer of this article was deprived of the pleasure of attending the meeting, and has consequently gained whatever knowledge he possesses of its proceedings from parties who were more favored in being present, from our medical journals, and from the Philadelphia press. The first knowledge I had of the proceedings was from the Philadelphia *Press*, and my attention was called to the manner in which Professor Wilson's address was referred to. It was declared to be “a condemnation of theology, inspiration, and the pulpit. * * Belief in inspiration was described as mental slavery, and the pulpit was declared to be the great obstacle to the investigation of truth.” I confess I was surprised at this, and wondered if the air of Philadelphia had really turned the usually clear head of the Professor. But this was only the beginning of surprises. I am surprised that you,

Mr. Editor, who have known Professor Wilson so long and so intimately, should have copied this *slander* (as I shall show it to be) without comment, in your notice of the proceedings of the Institute in the July *Observer*. But the greatest surprise was still in store for me when I read the Address in the printed copy before me, in which theology is criticised but not "condemned," and in which the "pulpit" and "inspiration" is treated with the utmost respect, although denied vicegerent authority. I do not know as I ought to be surprised that a body of men who could listen to page after page of the "provings of the 200th-potency of skim-milk," "cat's milk," "dog's milk," and sugar of milk "od" (or even?) should reject even as mild a dose of science as Dr. Wilson gave on this remarkable occasion. "Milk for babies" was certainly in order, and there seemed to be a demand for it, although my venerable friend, Dr. Lord, protested against throwing away the cream! I am not aware, with all the abuse and misrepresentation to which Dr. Wilson has been subjected, that he has anywhere appeared in his own defense. If he has decided to add modesty to his list of virtues that is but another reason why those who believe him much abused should vindicate him. I sincerely hope, now that the Address can be obtained, all who feel any interest in homœopathy, in the American Institute, in the cause of *truth*, will procure it and read it carefully; for until they have done so they will hardly be entitled to an opinion as to its claims or merits, and it seems to me that such a perusal, with a fair comprehension of the use and meaning of the English language, will certainly relieve Dr. Wilson of the grossly unjust charges preferred against him.

The Address commences with a tribute to Philadelphia. Never was a finer compliment paid to the denizens of "Brotherly Love" or any other city, and it would seem that after pouring such sweet unction upon an audience it might listen respectfully even to views from which they were beforehand declared at liberty to dissent. The speaker next refers to some of "the problems of life," "the true method of solution," and then states his propositions:

1st. *Man's Origin*—whence comes he?

2d. *Man's Character*—what is he?

3d. *Man's Destiny*—where goes he?

The speaker then goes on to say that with many these questions have all been answered, and settled finally. Very well, says the speaker, but let us consider them again, and if you have already the *true* solution, like the skim-milk to which Dr. Lord referred, "it will keep." Only error and falsehood shun investigation; truth courts the light and is bold *because it is truth*. But no, say certain individuals, this is *sacrilege*! these things are sacred and you must not touch them. The Bible, the Church, and the Clergy, *own* these subjects, and although the *Church fathers* and *men* of all ages have given us these *interpretations* which we now hold so sacred, still no other *man* must touch them. Here follows a protest by the speaker against this "squatter sovereignty" and these pre-empted rights, in which it is claimed that every man is a freeholder, that he inherits all fields of thought, not exclusive from, but together with pope and prelate; that his is an individual interest in the whole Divine heritage. Then follows the paragraph which has raised so much holy wrath, and which was received with "hisses and applause." "But the weight of this indictment must lie against the pulpit. And when I say this I use the term *in its widest possible sense*. I mean that world-wide agent that has in all nations stood before man as the exponent of the Divine will. The form or nature of the religion makes no difference.

* * * Whether at the rude altar in the forest, etc., etc. 'There is no God but God and Mohammed is his prophet,' says the priest of Islam. 'This, or death,' says the advocate of Mahomedanism, and so with every religion under heaven; advocating certain doctrines, and prescribing certain alternatives in case of their rejection. Now, the careful or even the casual reader will observe that the speaker pronounced neither for nor against these articles of faith be they Buddhist or Christian; but, said he, inasmuch as these topics which we have proposed to discuss have been claimed as the *exclusive* property of this class of men in all time, with all creeds, and among all nations, I declare to you that they belong to every thinking man, and are the exclusive property of none. All these sects or religions,

through their priests, have put their interpretation on man's origin and character, and hardly two of them agree. I simply declare to you what most of you know already, viz: that inductive science claims to have discovered still another interpretation—it may be true or false, I know not—here it is, judge for yourselves.” And this is “infidelity,” “denial of inspiration,” “condemning the pulpit and theology”!!! Again (page 17), about inspiration: “This inspiration (revelation through inspired men) took on the form of law, was duly and carefully recorded, and is presented to us in the Koran of the Mohammedan, in the Zend-Avesta of the Persian, in the Shaster of the Hindoo, in the teaching of Confucius, and the Bible of the Christian.” Is this a “denial of inspiration,” or is it simple *history*?

Dr. Wilson's address, in pursuance of the resolution passed by the Institute in 1868, was upon a “scientific subject” (whether it touched the corns of theology or not), and a subject second either in interest or importance to none now occupying the mind of man, and there is not a word of “infidelity” toward *any religion* in it. Nor does it dive very deeply into man's origin and destiny, but it is a manly plea for free and fearless investigation for *truth*; and the opposition which has on every hand met his plea shows that it was both forcible and necessary.

I find evidence, Mr. Editor, that a majority of the members of the Institute condemned the address of its orator, shook it off to be trodden under foot like a serpent; and for fear that they might again be bitten they gathered into one head all its orators, yet to be, and squarely cut it off. Brave and noble Institute! When any man or body of men become so engulfed in self-conceit and complacency that they cannot listen to the discussion of subjects scientific in their nature, and of vital interest to humanity; subjects about which medical men have furnished already the most valuable data possessed, and in the future investigation of which the Science of Medicine must still and continually furnish the most important evidence, they present really a pitiable condition. I have said a majority of the members. If, however, we could accurately weigh the *mental capacity* of the Institute we should arrive at a different

result. It is undoubtedly a safe and wise maxim, in medical bodies as elsewhere, that the majority should rule, and the majority in all ages have ruled against innovation and progress, and crucified those who dared to step too far in advance. The progress of science, and pure religion too, for that matter, has ever been a conflict with old opinions and prejudices. Men have died in the defense of truth who were crucified in the name of religion. This cursed spirit of *intoleration* is as rampant to-day as it was years ago in the wastes of Arabia, or at the burning of "heretics" in all lands and ages. Then it killed its victims outright, now it calls them hard names and denies them Christian burial. And so we find that this old battle cry is raised against the "last of the orators of the American Institute," and all who advocate investigation for truth, in whatever direction it may be found; and it remains for the minority to quietly submit to the puppy-milk diet offered, or to vindicate the rights of scientific inquiry by a "new departure."

Lectures on Diseases of the Heart. By Edwin M. Hale, M.D., *Special Lecturer on Diseases of the Heart and Professor of Medical Botany, etc. In three Parts. New York and San Francisco, Boericke & Tafel, and Detroit Homœopathic Pharmacy. Price \$2.*

This is a neatly bound volume of 206 pages, printed on tinted paper with clear type. The lectures are written in a very fluent style, and will be found instructive as well as readable. His direction for selection of remedies based on primary and secondary symptoms deserves special notice. To give a fair idea of Professor Hale's teaching we copy pp. 153 154 of his work :

"The *medicines* most useful in the treatment of dilatation have already been enumerated under the head of Enlargement by Hypertrophy. This, at first thought, may seem strange ; but when you remember that all medicines have a double pathogenetic action, you can readily see that they will prove curative in opposite pathological conditions. You will observe this in the provings of all medicines, and also from the fact that a medicine is recommended for constipation and diarrhœa, spasm and paralysis, irritation and torpor.

"I will, therefore, recapitulate the same classes I gave you in the previous lecture, but with the appropriate indications :

"Class I. includes medicines whose primary effect is to de-

press and weaken the muscular and nervous power of the heart, and give rise to conditions which would tend to cause dilatation; but whose secondary effects are similar to those conditions described in the last lecture.

"All the truly representative men of the allopathic and eclectic schools now recognize the fact that *small doses of depressing medicines act as tonics to the tissues they primarily depress*. In proof of this I refer you to the recent writings of Dr. J. R. Reynolds, Handfield Jones, Trousseau, Brown-Sequard, Flint, Scudder, King, and others. This is an affirmation of the theory promulgated by Hahnemann, and which forms the basis on which rests our important and universal Law of Cure. The Law of Dose, which I have taught you in my lectures when occupying the chair of Materia Medica, is, however, equally important, for without it the selection of the dose is a matter of great uncertainty.

"The medicines of this class, then, which primarily depress the heart's vitality, are especially indicated in the treatment of *dilatation*, and its co-existing debility of the structure of the heart. They are:

"*Aconite, veratrum album, veratrum viride, gelseminum, tartar emetic, colchicum, lobelia, and tabacum.*

"While I advise you to use these remedies in the lowest attenuations or mother tincture, in concentric hypertrophy when there is an abnormal increase of power, I now advise you to use these medicines in high attenuations, for the reason heretofore given, that the *smallest possible doses should be given when we are treating symptoms similar to the primary effects of medicines*.

"The two most prominent physicians* of the opposite schools *almost* recognize this rule, for they prescribe the above medicines in the following manner, namely, ten or twenty drops of the tincture in four or eight ounces of water; a teaspoonful every three or four hours.

"Leaving you to select each medicine in accordance with its characteristic symptoms, I advise you to give the attenuations from the 3d to the 3.000th. After you have chosen the appropriate remedy, do not change too soon, but continue its use until you are satisfied with the improvement, or are sure it is not causing the wished for amendment.

"I am not favorable to the alternation of remedies, as a general practice, but I have so often seen beneficial results follow the alternation of remedies belonging to Class I. with those belonging to Class III., that I have no hesitation in advising the practice."

The Clinical Directory. By Dr. Ruddock, London, England. 71p., 8vo.

This little repertory has given me more satisfaction in the short time that it has been in my possession than any of the more ponderous and pretentious ones heretofore given to the profession. It is brief, simple, and based not so much on pathogenetic symptoms as clinical experience. Dr. Ruddock is known as a very candid and reliable author. This directory is intended as an appendix to his "Homœopathic Vade Mecum of Modern Medicine and Surgery." It differs from other repertories in many respects. It gives very briefly the characteristic clinical indications for the remedies. Take the following as an illustration:

"MENSTRUATION—Delay of the First. *Pulsatilla*, *ferrum*, *sepia*, *cyclamen*, *sulphur*, *phosphorus*, *aconite* (with disturbed circulation).

"Membranous.—*Borax*. gr. v. *ter die*. (profuse discharge at one time and scanty at another, with severe labor-like pains in the back, hips, and hypogastric region).

"Painful.—*Secale* (expulsive, forcing pain, with dark, coagulated, or absent discharge), *collinsonia* (with piles, constipation), *senecio* (for a few days preceding menstruation), *gelseminum*, *caulophyllum* (spasmodic pains), *cimicifuga* (rheumatic patients), *chamomilla*, *coffea* or *xanthoxylum* (neuralgic pains), *cocculus* (colicky pains), *hamamelis* (ovarian irritation), *belladonna*, *ignatia*, *platina*, *solanum*; *macrotin* 3x. or *cimicifuga* 2x. for a fortnight before the period (habitually painful)."

The advantages of this plan are obvious. Dr. Ruddock intends to make additions to this directory from time to time. From our experience we venture to add to the above that we have found *Dioscorea* infusion, 1 oz. to 4 oz. of hot water, a teaspoonful every twenty minutes, superior to *Secale*, and *Cannabis indica*. $\frac{1}{2}$ dil., equal to *Cauloph.* when given during the paroxysms of pain. Dr. Ruddock has had the assistance of some of the best practitioners in England, and acknowledges the contributions of several American physicians, namely, Drs. Douglas, Hale, Reed, Shipman, Richards, and others. For the next edition he solicits additional notes from all physicians of our school. In addition to the repertory he gives an appendix of formula of glyceroles, injections, liniments, lotions, and ointments, to which many additions could be made with ad-

vantage. The author can do no better work than to continue and perfect this admirable directory. E. M. H.

The Homœopathic Domestic Medicinc. By Joseph Laurie, M.D. Edited and revised, with numerous important additions, and the introduction of the New Remedies and a repertory, by Robert F. McClatchey, M.D. First American, from the twenty-first English edition. Boericke & Tafel, New York and San Francisco, and for sale at Detroit Homœopathic Pharmacy. Price \$5.

Laurie's practice has always been a favorite with us. Dr. McClatchey has added several references to the New Remedies which have enhanced the value of the work. Had these additions been still more extensive we should have been much more gratified.

This edition contains 1,034 octavo pages, well printed, and the work is much more neatly bound than the domestic manuals have usually been.

Opening at random our eyes fell upon Lumbago, page 473. Here we find *aconite*, *bryonia*, *nux vomica*, *rhhus t.*, *belladonna*, *pulsatilla* and *mercurius*, treated of, but no reference to *cimicifuga*. For Amenorrhœa *caulophyllum* is prescribed, "dose three globules in a teaspoonful of water, night and morning for a week (unless a change should sooner occur), then pause; eight days after which the course may, if necessary, be repeated as before. And so on until decided amelioration or change." If any of our readers have had success in the treatment of this affection with *caulophyllum*, in such doses, we would like them to make reports.

Acute Diseases and their Homœopathic Treatment; also Directions for the Treatment of Injuries received by Accidents and from Poisons. By J. P. Dake, A.M., M.D. 2nd Family Edition. Nashville, Tenn., Wm. Gamble & Co.

A very neatly printed little volume of 130 pages, bound in cloth. It treats specially of thirty-two remedies. The first edition was published in Pittsburg in 1859; to the second Dr. D. has added some chapters to adapt the work to the people of the South and West. We trust that Dr. D. is meeting with satisfactory success at Nashville, and that his manual of acute dis-

eases for domestic use will have good sale in the South, and help to introduce there the true art of healing.

Ovariectomy : a Clinical Report of Eight Cases, giving a new and improved method of treating the pedicle, with brief remarks upon the natural history, diagnosis, and treatment of ovarian tumors. By Gaylord D. Beebe, M.D. Published by the author at 66 Randolph Street, Chicago, 1871.

A pamphlet of 35 pages giving reports of eight cases treated by Professor Beebe. He gives "what may prove to be a very decided improvement in the treatment of the pedicle—in which both the ligature and the clamps, hitherto deemed essential, are entirely abandoned, and the vessels divided in the operation are secured by torsion."

Hearth and Home. An illustrated weekly for old and young, published by Messrs. Orange Judd & Co., 245 Broadway, New York. \$3 per annum.

The number before us, dated October 7, contains a large engraving of "Our Spitz Pet," an Esquimaux dog, which is a life-like representation of the species. On page 784 we have a view of the interior of the American Institute fair building. How to test kerosene oil, illustrated, page 785. The screw pines—*Pandanus*. About a dozen other engravings are inserted, humorous and instructive. Our children always welcome the arrival of the *Hearth and Home*, and we advise those of our readers who want a lively and instructive journal for the young folks to send for this. The same publishers also issue the *American Agriculturist*, and send both to one address for \$4.

Lectures Clinical and Didactic on the Diseases of Women. By R. Ludlam, M.D., Professor of Obstetrics, etc. Published by C. S. Halsey, Chicago, and for sale at Detroit Homoeopathic Pharmacy.

Part III. of this excellent work contains: Lecture XII., *Stomatitis materna*. Lectures XIII., XIV., and XV., *Puerperal convulsions*. Lecture XVI., *Menstrual headache; prolapsus uteri with right lateral-version; acute cervical metritis*. Lecture XVII. and XVIII., *Hysteria*. The whole work will be completed in five or six Parts, at \$1 each.

Modern Spiritualism : its Scientific and Moral Aspects. By J. S. Douglas, A.M., M.D., Ph.D. Milwaukee, I. L. Hauser, 1871.

Professor Douglas says : "The result of our course of reasoning unavoidably is: that the basis of the mighty superstructure of spiritualism is a hallucination, and the philosophy based upon it a superstitious delusion, sadly and ludicrously out of place in an enlightened age and country.

"But as we believe that all natural phenomena, whether relating to the mental or physical being, the outgrowth of a creation of wisdom and goodness, have their uses, we wish to indicate very briefly what we conceive to be the uses, scientific and moral, of those we have been engaged in contemplating. These phenomena having been brought prominently before the public mind and urged upon the public attention by Spiritualism, compelling examination and discussion, we believe must result in enlarging the boundaries of psychological science by compelling us to admit at least one faculty of the mind not hitherto generally or authoritatively recognized. It will be found to harmonize and explain many mental phenomena occurring in all ages, which have been hitherto inexplicable. We shall also be obliged considerably to modify our views in regard to the extent of the powers of some others. Thus will superstition, as in many other instances, indirectly and unintentionally contribute to the advancement of science.

"But the moral uses are still more important.

"1. We have seen how many persons, and that this is true, in degree, of all, are impressed and influenced by the unuttered thoughts and feelings of others. How many familiar illustrations of this fact will occur to every observing and reflective mind? It is a legitimate inference from this fact, that, as regards others as well as ourselves, it is not a matter of indifference what we think and feel, any more than what we speak and act, for there is a faculty of the mind that detects hypocrisy through the fairest garb of words and acts, and feels the moral pulse through any disguise. In the inward thought and feeling then, reside men's greatest moral power and influence.

"2. We have seen that the memory, when the physical senses are in abeyance, and the mind seems to act in partial independence of the body, is almost all retentive. We infer that when the spirit comes to act in entire independence of its earthly clog the memory will be complete and perfect, containing the complete record of every event and act and thought of the entire life.

"We have seen with what facility, the spirit when acting in a similar partial independence of the body, holds communication

with other human spirits like itself—how it enters into such relations with other minds, as to appropriate their intellectual possessions, and appreciate their mental and moral condition. It seems to us a logical inference that, when the spirit shall be wholly freed from its present opaque envelope, a universe of human spirits will stand intellectual and moral transparencies to each other, without a possibility of concealment. All will see as they are seen, and know as they are known.

“Finally. We have seen that the more the physical senses are in abeyance, and the more independently the soul acts of the physical organism, the more developed become its powers; from which we infer that the soul is adapted to, and therefore designed for, a higher and more developed intellectual as well as moral existence, *wholly* independent of this gross and impeding body.

“Whatever may be the theoretical opinions entertained, no one will doubt that the facts and phenomena connected with this subject, furnish a wide and interesting field for scientific investigation. If the thought which we have, from necessity, very briefly suggested, shall excite thought and investigation in those of better analytical powers and higher qualifications to examine and discuss it, the object of this article will have been gained.”

First Help in Accidents and in Sickness: a Guide in the absence or before the arrival of Medical Assistance. Published with the recommendation of the highest medical authority. Prepared for the press by Editors of "Good Health" Magazine. Alexander Moore, Publisher, Boston, Mass. Just Published—265 pp. 12mo, illustrated with numerous cuts, bound in cloth \$1.50, in paper \$1.00. Free by mail on receipt of price.

The following are some of the subjects upon which it treats: Bad air, bites, bleeding, broken bones, bruises, burns, choking, cholera, cold, contusions, dislocations, drowning, dysentery, fevers, fractures, hanging, nursing, poisoning, scalds, small-pox, sprains, suffocation, sunstroke, etc., and other accidents and sickness where instant aid is needful. This volume, written by eminent physicians, is a practical digest of scientific medical knowledge, so far as relates to that aid which may properly be rendered in cases of accident and sickness in the absence of a physician.

Good Health. Published by Alexander Moore, Boston. Monthly at \$2 per year.

The October No. contains Asiatic Cholera, Means of Preserving Health, Moral Management of the Insane; and a variety of other valuable hygienic papers.

Colleges, Societies, etc.

MINNESOTA STATE HOMŒOPATHIC INSTITUTE. FIFTH ANNUAL SESSION.

The Fifth Annual Session convened on the second Tuesday in June, at Good Templars' Hall, city of St. Paul, and was called to order at 1 P.M. by the President, J. T. Alley, M.D.

Officers Present—Drs. J. T. Alley, St. Paul, President; Z. B. Nichols, Faribault, Second Vice-President; T. R. Huntington, Minneapolis, Corresponding Secretary; H. Wedelstaedt, St. Paul, Secretary and Treasurer.

Members Present—Drs. W. H. Leonard, Minneapolis; A. E. Higbee, Red Wing; George T. Herrick, Le Seuer; Dwight Silliman, Hudson, Wis.; A. L. Dornberg, Mankato; C. S. Weber, St. Cloud; D. F. Brooks, Minneiska; Carl Wiegmann, St. Paul; T. N. Berlin, Farmington.

After prayer by Dr. Berlin, petitions for membership were presented by the following:

Drs. O. B. Bird, Duluth; J. G. Gilchrist, Owatonna; J. M. Saunders, Dodge Centre; J. B. Hall, St. Paul; E. Beckwith, Rochester; E. Walther, St. Paul; A. H. Carvill, Kingston.

In the absence of two of the censors the President appointed Drs. Berlin and Silliman assistant censors to Dr. Leonard to examine the applicants. The report subsequently being favorable, they were admitted full members of the Institute.

Moved by Dr. Leonard: That the by-laws be so amended as to settle the status of the active and associated members of the Institute. Carried.

The chair appointed Drs. Leonard and Dwight M. Goodman a committee to report on the resolution at the next annual convention.

Offered by Dr. Gilchrist: Whereas it is intended that the report of the Committee on Clinical Medicine is intended to increase our knowledge of Therapeutics, be it Resolved, that members submitting reports of cases cured to this Committee, are requested to report such as were cured by the use of a single remedy.

By the same: That the chair appoint a committee to petition

the Legislature of this State to establish a State Board of Health similar to the one of the State of Massachusetts. Carried.

The chair appointed Dr. Leonard said committee.

The following verbal reports were made: Dr. Nichols on measles, and Dr. Dornberg on hypopyum. Dr. Wedelstaedt offered written reports on dysentery and sequelæ of scarlet fever, all eliciting lively and earnest discussion.

The subject of alternating remedies being introduced engaged the attention of members at considerable length, without arriving, however, as might have been expected, at any definite conclusion.

EVENING SESSION.

The evening session commenced at 8 P.M. lasting for three hours. The time was pleasantly spent in conversation, rambling discussion, reviewing of cases and comparing of notes.

MORNING SESSION, JUNE 7TH.

President Alley in the chair. Dr. Bird exhibited his microscope and various interesting specimens and preparations. The Dr. also submitted a written report concerning the climate and diseases within and about the new city of Duluth.

Dr. Huntington announced the death of Dr. J. N. DeWitt, a member of the Institute, and offered at the same time the following resolutions:

"Whereas, Since the last meeting of the Institute an all-wise Providence has seen fit to remove from our number our beloved and esteemed brother and co-laborer, Dr. J. N. DeWitt.

"Resolved, That we deeply deplore the sad event which has removed from our midst one so young and so highly esteemed, both for professional attainments and social qualities; and, while we submit to the bereavement, we shall ever cherish his memory as one of the brightest intellects of the Institute.

"Resolved, That we tender to the friends and relations our heartfelt sympathy in this sad case of bereavement.

"Resolved, That a copy of these resolutions be published in the Minneapolis Tribune."

Upon motion these resolutions were ordered to be embodied in the printed reports of the Institute.

At 12 M. the President read the annual address, and after the delivery invited the free and unrestrained criticism of the same by the Institute.

Upon motion of Dr. Gilchrist the criticism was made the order of the day at 3 P.M.

Upon motion of Dr. Wedelstaedt the thanks of the Institute were tendered the President for his able address.

Upon invitation the convention adjourned to the residence of the President, where tables loaded down with the delicacies of the season were found in waiting. Suiting their actions to

the charming words of invitation from good Mrs. Alley, all partook of this feast regardless of consequences to life-insurance companies.

AFTERNOON SESSION.

President Alley in the chair. After an animated discussion of the most prominent points of the annual address, the Committee on Nominations made the following report :

- Dr. T. R. HUNTINGTON, President,
 " A. L. DORNBERG, First Vice-President,
 " C. S. WEBER, Second Vice-President,
 " P. L. HATCH, Corresponding Secretary,
 " H. WEDELSTAEDT, Secretary and Treasurer.

The report was accepted and upon motion of Dr. Gilchrist the Secretary was directed to cast the votes of the convention for the candidates, which was accordingly done, with the exception of Secretary, for whom Dr. Huntington cast the vote.

Upon motion of Dr. Huntington the thanks of the Institute were tendered to Dr. Alley and lady for their hospitable entertainment.

Upon motion of Dr. Hall the thanks of the Institute were tendered to the Secretary for present and past services rendered.

The newly elected President announced the following Committees for the ensuing year :

Materia Medica—Drs. J. B. Hall, Z. B. Nichols, and O. B. Bird.

Clinical Medicine—Institute at large.

Surgery—Drs. Gilchrist, C. G. Higbee, and D. M. Goodwin.

Diseases of Women—Drs. P. L. Hatch, and J. T. Alley.

Diseases of Children—Drs. A. L. Dornberg, and E. Beckwith.

Diseases of the Urinary Organs—Drs. W. H. Leonard, and A. E. Higbee.

Contagion—Drs. C. D. Williams, and E. Beckwith.

Microscopy—Drs. O. B. Bird, A. E. Higbee, and J. G. Gilchrist.

Executive Committee—Drs. W. H. Leonard, and H. Wedelstaedt.

Publishing Committee—Drs. Wedelstaedt, and J. B. Hall.

Delegate to the American Institute—Dr. J. T. Alley.

No further business appearing the convention closed its labors in peace and harmony, to meet at Minneapolis on the third Tuesday of May, 1872. H. WEDELSTAEDT, Secretary.

HOMŒOPATHY IN UNIVERSITY OF MICHIGAN.—This subject came up at the last meeting of the Regents. A communication

from Governor Baldwin introducing two homœopathic physicians, Dr. E. R. Ellis, of Detroit, and Dr. L. Younghusband, of Mt. Clemens, and urging that the Regents settle the vexed question as quickly as possible. On motion of Regent Estabrook the gentlemen were allowed to present their claims. Dr. Younghusband said that he, as a member of the homœopathic profession, would not be satisfied with the filling of one chair. He did not accord with the views of Dr. Thayer in desiring the introduction of homœopathy at the cost of the disruption of the University. He thought the preferable plan, and the one that would give the most satisfaction to the majority of the profession in the State was the establishment by the Regents of a branch medical department at some other point than Ann Arbor. He would select Detroit on account of its superior hospital advantages. Moreover, one-eighth of the population of the State resided in Wayne County, and there was not a single State educational institution there. After elaborating somewhat on this plan, which is the one presented at the June meeting by Dr. Ellis, he gave way to that gentleman, who said that he thought that the college could be established mostly by subscription. The citizens of Detroit would subscribe largely, and he was of the opinion that it might be established without cost to the University. The men who objected to the plan were not more than a dozen in number. He asked the Board to pass a resolution pledging themselves to adopt the school as a part of the University should its friends be successful in establishing one. Dr. Younghusband said that all they asked was for the Board to father the plan. They did not ask for any money. The homœopathists would furnish the funds. Some more remarks of a general and unimportant nature followed, and it seemed that the opinion prevailed that the Board had no legal right now to say that they would adopt the plan recommended.

At the meeting of the Board of Regents held September 26. Later in the day this question was settled by the Regents adopting the following resolution, offered by Regent Walker, unanimously :

"Resolved, That we approve of the efforts being made to establish a homœopathic medical school at Detroit (to be eventually connected with the University), and when we are authorized to make it a part of the University by law, with proper provision for its support, we will administer its affairs to the best of our ability."

Even those who do not think that the proposed organization is the best thing for homœopathy, in its relations to the University of the State, will yet welcome it *as a pledge of the Regents to its further recognition and support.*

The editor of the Detroit daily *Post*, of September 26, says: "It has long been known that the Board of Regents have been

decidedly opposed to the plan of teaching the two systems of medicine in the same department at Ann Arbor, both on account of the radical difference in the two systems and the hostility of their respective advocates. It has also been equally well known that the Regents have favored a separate school of homoeopathy as a branch of the University, if some feasible plan could be devised for accomplishing it. The matter has been sufficiently discussed among the residents of this city to warrant the Regents in giving their moral support to the efforts, that are making here in behalf of the enterprise. Thus is virtually accorded to this system by the Regents the advantage which it has long been claimed by homoeopathsists was due them—a connection with the University—and in a way far more likely to result in elucidating their system of practice than would be the appointment of one or two professors in the allopathic department. It is believed that the advocates of the new practice will agree, as far as doctors ever can or do agree, in making the best use of this opportunity, especially as their chances for carrying out the old and impracticable law seem utterly hopeless.”

THE SAN FRANCISCO COUNTY MEDICAL SOCIETY OF HOMOEOPATHIC PRACTITIONERS held their regular monthly meeting Tuesday evening, August 8, 1871, President Dinsmore in the chair. The following physicians were present: Drs. J. K. Clark, J. P. Dinsmore, J. Ester, E. J. Frazer, W. N. Griswold, F. Hiller, A. A. Thiese, M. J. Werder, and Dr. Allen as visitor.

The minutes of the last meeting were read and approved. The Committee on Dispensary reported progress and asked for farther time, which was granted. At the previous meeting a committee consisting of Drs. Frazer, Hiller, and Griswold had been appointed to draft a suitable petition to be addressed to the San Francisco Board of Health, asking the recognition and a partial adoption of the homoeopathic system of practice in the city and county hospital. This was considered an auspicious time to make such a movement, as preparations had been made, preliminary steps taken and the prosecution of the work ordered for the erection of a new and commodious hospital for city and county purposes. It was thought just that the tax-paying patrons of the homoeopathic school should have a proportional voice in determining who should administer to the sick poor of the city and county. These things, together with the fact that the President of the Board of Health, though an old-school physician of large practice, had intimated that such a petition would be favorably considered, determined the County Society of Homoeopathic Practitioners to make an immediate move in

that direction. This committee, through a press of other engagements, were not prepared to report in full, and asked for farther time. It was granted with an urgent recommendation that there be no more delay.

The subject of erysipelas, upon which some excellent papers had been read by Drs. Estlin, Griswold, Porter, and Werder, at the preceding meeting, and which for want of time had not been exhaustively discussed, was now taken up. Dr. Clark opened by relating the history, symptoms and treatment of an anomalous case still in hand. It was put to the Society, not as an unquestionable case of erysipelas, and described somewhat as follows: A German, age 60 years, height 5 feet 8 inches, weight 230 pounds, phlegmatic and fleshy, called July 4th, saying he was troubled with asthma. The prominent symptoms were great difficulty of breathing, and irregular and intermittent action of the heart. These with other minor symptoms led to the judgment that the heart was more affected than the respiratory organs, and that *digitalis* would remedy the difficulty. It was accordingly given for four days. The chest symptoms disappeared and at the same time an oedematous swelling of the legs appeared. *Arsenicum* 30 was given for five or six days, and the skin broke in several places and discharged water, 30 drops per minute, and the oedema partially subsided. This was followed by an erysipelatous redness, commencing near the ankle of both limbs and moving upwards as far as the knee, affecting especially the left leg. *Rhus tox.* 30 was given for three or four days without benefit. The redness deepened into a darker hue and finally became nearly black; sloughing was threatened. *Crotalus* 6 was given seven days, and the skin assumed a healthier color. In the meantime the openings increased in number and deepening presented a honey-comb appearance, and seemed to be discharging pus. The pus clung to the denuded surface and could not be wiped off, which by increase and coalescence of the original openings had attained a diameter of five or six inches. Many attempts to run the probe under the unbroken skin from these openings were unsuccessful, being resisted by the unbroken cellular tissue and infiltrated substance. Later a dull aching pain in the fleshy part of the left leg, more at night, came on, pointing to a probable deep-seated abscess. On inquiry of members it appeared there was no unusual perspiration, appetite was good, bowels regular, urine normal, no itching of the leg, no bleeding, no water in pericardium so far as could be ascertained.

Dr. Hiller suggested a fatty condition of the heart, and recommended *phosphorus*. Dr. Werder said *phosphorus* was adapt-

ed to tall, lean men, and suggested the use of *calcareæ* or *graphites*.

Dr. Frazer proposed *arsenicum*.

Dr. Hiller said *arsenicum* had been employed without decided success, and he belivered *phosphorus* the paramount remedy.

Dr. Allen suggested that the morbid action in the leg was calculated to relieve the heart, and deprecated a complete cure of the former. On the whole it was argued that Dr. Clark had treated the case as well as it could have been treated, and it was decided to confide it to his hand with leave to report again.

Dr. Frazer reported two cases of erysipelas which came under his notice, one treated by the new school, the other in the "regular way," illustrating the more efficient action of homœopathy in the treatment of this disease.

Dr. Hiller presented a case of exsection of the head and shaft of the humerus (subject present). The fleshy parts of the arm and shoulder had been seriously bruised and jammed, three ribs and the clavicle broken, the neck of the humerus shattered, the head driven deep into the axilla, the shaft splintered and forced through the integument of the shoulder and arm. The upper end of the bone was cut away, the splintered bone removed, proper mechanical appliances adjusted, and the patient kept under the homœopathic treatment made a rapid recovery and has since worked with pick and shovel. He used the arm and hand with facility, lifts a hundred pounds, and is now engaged as a journeyman boot and shoe maker at Buckingham & Hecht's manufactory in this city. This case was reported with three others soon after, in the *U. S. Medical and Surgical Journal*, January 1870, where the operation and treatment are detailed more circumstantially. It was brought before the Society as a matter of ocular interest, and as demonstrating the efficacy of homœopathic medicaments in battling inflammation, suppuration, and gangrene. During the discussion of the medical treatment of this case and the applicability of *kali purum*, Dr. Hiller gave his treatment of felon: first *silicea* 30 internally. If not arrested, one application of strong nitric acid over the most sensitive part. This has a tendency to circumscribe and point the abscess. Follow this by a sharp puncture into the abscess, and by bathing the diseased part in a weak solution of *kali purum* and injecting the same into the pus cavity. On motion the secretaries were instructed to forward to the different journals the proceedings of the Society for publication. Owing to this discussion and the lateness of the hour, the subject of erysipelas was laid over, and the society adjourned until the next regular meeting.

W. N. GRISWOLD, M.D., Rec. Secretary.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—On account of the unavoidable delays occasioned by alterations in the original plans and procuring the necessary iron work for the new building, the lectures at the college will commence on Tuesday, October 10, in the marble structure known as Glass Hall, Thirty-fourth street east of Third avenue. The hospital and college building is however rapidly advancing toward completion, and it is confidently believed that the class of the present session will assist in the inauguration ceremonies during the coming winter. The temporary arrangements offer every facility for lecturing and dissecting, and for the comfort and convenience of the students. For further particulars apply to the Registrar, to whom it would be well for students to report on their arrival in the city.

J. W. DOWLING, M.D.,

58 West 25th street.

SKIM-MILK !—When the telegraph flashed over the country the fact that a proving or provings of skim-milk, and that wonderful cures had been made by the 40,000th or so of that powerful (!) agent, the whole country laughed a huge horse-laugh at a “new vagary of homoeopathy.” Even the adherents of homoeopathy, professional and lay members, felt their cheeks tingle with shame that the proceedings of the National Institute should be disgraced by such nonsense. Nothing so absurd has appeared since Lippe’s famous proving of sugar. And since the National Institute were too busy, wrangling on “parliamentary rules” and sight-seeing, to kick out such stuff, we are glad to see that the next most important and far worthier body of homoeopaths, namely, the Homoeopathic Medical Society of the State of New York, has passed the following resolution :

“*Resolved*, That we view with distrust, as liable to bring discredit and ridicule upon the medical profession, the provings of non-medicinal and inert substances, and hereby respectfully protest against the publication in the transactions of the American Institute of Homœopathy of a paper by Dr. Samuel Swan, presented and read at its late meeting in Philadelphia.”

We trust the Publication Committee of the Institute will “take heed and govern themselves accordingly.” H.

USTILAGO.—The Bureau of Materia Medica of the American Institute have selected *Ustilago* as the agent to report upon at the next meeting, to be held in Washington. Physicians are solicited to send provings or clinical experience to any member of the Committee (those in the West to Dr. E. M. Hale, Chicago). It is desired that the fresh fungus, taken from the corn before it is injured by the frost, should be used. Triturations are made direct from the dry, ripe fungi. Dr. Wesselhoeft, of Boston, is Chairman of the Committee.

NECROLOGICAL.

Lovejoy.—At his residence in Owego, N. Y., after a protracted and very severe illness, on the evening of August 15, 1871, there passed away another of the few remaining true Christian gentlemen of the old school; one whose intercourse with all revealed an exceedingly happy combination of the rarest virtues.

Dr. Ezekiel Lovejoy was born at Stratford, Conn., July 6, 1803, he graduated with honors at Union College, New York, in 1823. Enjoying the instructions of, and taking his degree under, such men as Nott and Hosack, it is not to be wondered at that when he came to Owego, in 1828, he soon outstripped all competitors as a physician of the old school.

While on a visit to a sister she called his attention to the new system, and having providentially met Granger, of New York, he was induced to test it. Procuring books and medicines he tried it faithfully, and on finding it to be what it is, the only true law of cure, his noble character prompted him to openly desert the old nauseous, bungling method, and declare himself an advocate and practitioner of the safety and precision of the new. His previous standing, the popular reliance upon his judgment and faith in his honesty of purpose, carried with him all those whose patronage he had hitherto enjoyed, thus becoming the pioneer of Homœopathy in that part of the State of New York.

An untiring student, wedded to his profession, it is not surprising that his knowledge of our materia medica was almost boundless, nor that in the large office practice to which he confined himself for the last few years of his life his success was marvelous and uninterrupted.

A modest, retiring disposition, which is extremely unusual in one so successful; a sympathizing heart which won all to him; a fine, delicate, sensitive nature, making his perceptions exceedingly acute; a love of and adherence to the right which belongs only to the *justum et tenacem propositi*; an ear ever open to and a hand ever ready to alleviate the sufferings of the poor; combined to make up what is so fitly called a "silken organization."

As some beautiful native flower of our woods is taken by the skillful horticulturist and, by care and culture, has its fragrance augmented, its fine petals made more abundant and elegant, and its grace and beauty made brighter and fairer, so was the rare character and noble mind of this great and good man made, by his education and his upright, conscientious, Christian life, beautiful, inimitable, Christ-like.

Amid a profusion of flowers which were equaled in beauty, purity and loveliness only by the life of the one who was taking his long sleep among them, we laid him away beneath the turf, while in the hearts of those who see their loved ones still living, rescued from the icy grasp of Death by his untiring and skillful efforts; of those whose needs he has ministered unto, and of those whose bereaved and broken hearts his timely sympathy has helped to heal will he ever be enshrined. Well might he have said:

"Eregi monumentum aere perennius,
Regalique situ pyramidum altius,
Quod non imber edax, non Aquilo impotens
Possit diruere, aut innumerabilis
Annorum series, et fuga temporum."

G.

Brown.—Dr. Brinton James Brown died at Hastings, Michigan, August 30, 1871, of typhus fever, aged 23 years and nine months.

Dr. B. J. Brown was born in Dercharn, Oxford County, Ontario, December, 1847. He commenced the study of medicine at the age of 18. In 1867-68 he attended medical lectures at the University of Michigan, at Ann Arbor, and graduated at the Cleveland Homœopathic College in the spring of 1869. Immediately after he came to Detroit. We recommended him to St. John's, Michigan as a desirable place to practice. At St. John's he was told that Hastings was preferable. During the three years of his practice there he secured for himself a reputation as a successful physician and surgeon. About one year ago he had an attack of fever; from overwork he had another attack in August which resulted in his death. His father, mother, brothers and sisters, and a large circle of friends in Hastings, mourn the departure of a good son, a kind brother, and a skillful physician.

ERRATA:—

Page 459 6th line from bottom, for the blood read *her* blood.

Page 460, 20th line, for dash read *clash*.

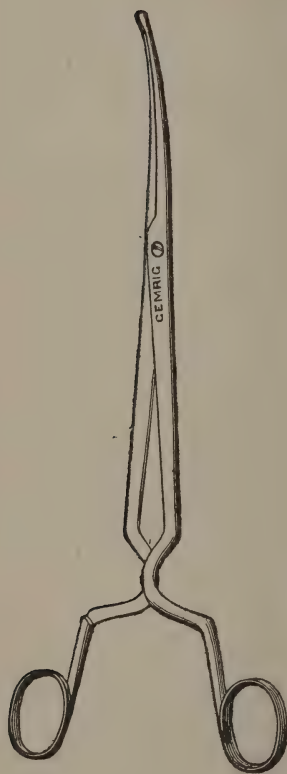
Page 461, 27th line, for *gregorinæ* read *Gregarinæ*, and for *radiolania* read *Radiolaria*.

Page 463, first line, for *cellular a cellular* read *cellula e cellula*.

Page 461, 31st line, for *wischleim* read *urschleim*.

Page 463, second line, for *pathology* read *philosophy*.

Page 465, 7th line from bottom for American Institute read *Homœopathic School*.



A



B



Surgical Observations.

BUSHROD W. JAMES, M. D., PHILADELPHIA, EDITOR.

ATLEE'S UTEROTOME.

Obstetric surgeons frequently find cases where there is a permanent contraction of the os tinæ, and often an entire closure of the os and neck of the uterus, and an incision has to be made to relieve the difficulty. Dr. W. L. Atlee, who has large experience in uterine cases has found the bistoury difficult oftentimes to use, and the dilatation from the application of sponge tents and bougies being so unsatisfactory—giving in the majority of cases only temporary relief—that he invented the instrument shown in the cut (A), known as the uterotome.

This uterotome is nothing more than a novel form of scissors in which the cutting edges are on the outer edge instead of on the inner or closing ones. When it is closed it looks like a probe-pointed flattened sword with handles, the edges being protected by the shutting of the blades. In cases of contraction of the mouth or neck of the uterus it is inserted closed and then opened to a sufficient extent, which amount of expansion of the blades is regulated by a small screw on the handle. As soon as it is opened it is to be withdrawn, and this simple withdrawal performs the cutting required, and the operation is over almost instantly.

The instrument is not straight entirely but the cutting portion of the blades bend off somewhat at an angle, so that it will adapt itself to the parts better. Mr. Gemrig has so modified the handle of the instrument that there is one main handle to which a thumb-piece moves the other handle and blade of the

uterotome by an additional joint or two, making a more manageable instrument thereby, and one that can be held more firmly and used with a much greater degree of satisfaction than in the original form.

ATLEE'S DILATOR.

In the healing of the wound made by the uterotome a serious result frequently occurs unless proper precautions are observed—the wound will close and seal up entirely the os tinæ, and thus produce retention of the menses and other untoward results. Granular inflammation of the os not unfrequently closes up the mouth of the womb in the same way, and hence the inventor was led to have constructed this instrument.

It is constructed (B) much like a pair of scissors with crossed handles, and has a lock-catch on the handles to hold it dilated when open. It is inserted closed and when opened withdrawn, and having no cutting edge it simply dilates. After the uterotome has been used it must be applied every four or five days, to keep open the os, and as soon as no blood comes away on the instrument it is known that the wound has healed over with mucous membrane, and no fear of closure need then be apprehended, and the use of the dilator may be discontinued.

REPRODUCTION OF THE TIBIA.—(*Richmond and Louisville Medical Journal*.) This is an interesting account of a case in which Dr. Cheever removed the entire diaphysis and lower epiphysis of the tibia, with subsequent reproduction of the bone, a useful limb resulting. Since Ollier, in his great work *de la generation des os*, has only collected five cases, Dr. C. thinks such renewals are rare, and appends to his article extracts from all five of them at length. In the practice of the late Dr. Thompson F. Craig, of Danville, Ky., we some years ago saw almost a precise counterpart of the case which Dr. Cheever has detailed.

CRIMINAL ABORTION.—Ely Van De Warker, M.D., Syracuse, N. Y. (*Journal Gynecological Society of Boston*), says that the practitioner ought to bear in mind that instrumental abor-

tion, procured with malicious intent, presents almost always features of malignancy. It is isolated by these features from other accidents of the puerperal state. The innocent abortion is precluded by nature with organic changes which fit the womb for the expulsion or its contents. In the forced abortion demands are made upon a healthy organ for it to instantly violate the laws of its physiological action. This he believes to be the key to the difference between the two cases.—*Medical Record*.

COMPRESSION of the uterus in expulsion of the placenta (*Medical Record*) has been treated of at length by Professor Crede, of Leipzig, and more recently by Dr. Chantreuil, of Paris. The latter has tried it in five hundred and forty cases, with the result of expediting very much the delivery of the afterbirth, and favoring an early return of the uterus to its normal size. When the uterus has reached the maximum of its contraction after the expulsion of the infant, it is to be grasped between the palms of the hand placed in front and behind it, and steady pressure maintained. The result in the majority of cases is, that the delivery of the placenta is accomplished in a much shorter time than is usual, without being followed by hemorrhage or other unfavorable symptoms.

OVARIOTOMY—At the meeting of the Royal Medical and Chir. Society, on the 13th of June, T. Spencer Wells presented a fourth series of one hundred cases of ovariectomy, which, following the order of former papers, he had arranged as follows:

Series 1. Cases in which ovariectomy was completed—100 cases; 78 recoveries, 22 deaths.

Series 2. Cases in which ovariectomy was commenced but not completed—6 cases; 2 relieved or cured, 4 died.

Series 3. Cases where an exploratory incision was made—7 cases; 5 recovered from incision, 2 died.

He showed that the mortality after ovariectomy was steadily diminishing. Of his first 100 cases, 34 died; of his second 100 cases, 28 died; of his third 100 cases, 23 died; and of his fourth 100, 22 died. Of this fourth series, 44 had been in hospital, and 56 in private practice. In private practice the mortality was only 14 per cent., while in hospital it was 31 per cent. The author believed that the mortality in private practice might be taken as a guide to what might become the general average mortality after ovariectomy, and he was convinced that it might be reduced to about 10 per cent. without excluding those extreme cases when the operation was performed as a last hope.—*British Medical Journal*.

EROTOMANIA.—Dr. R. L. Parsons, Resident Physician of the New York Lunatic Asylum (*The Journal of Psychological Medicine*), in an interesting article on "Erotomania," says that this affection has been observed in persons of both sexes, and of ages ranging from childhood to an advanced period of life. Women are much more subject to all forms of the disease than men. Whatever may be the cause or form of the disease, there is always an impairment, and sometimes a marked perversion, of one or more of the mental faculties. Cases of self-abuse, in which there is no such impairment, should not be included under the disease. Erotomania is usually classified as one of the forms of emotional insanity. Insane delusion may or may not exist. The voluntary power is always weakened. There is often melancholia, with extreme depression, both mental and physical, and in these cases there is usually a suicidal impulse, which is sometimes very strong, and may be accompanied by a desire of self-mutilation. The suicidal impulse probably arises from the conflicting and painful emotions caused by a sense of shame and moral degradation, and a feeling of utter inability to resist the debasing sensual impulses and desires. Among the causes of the sentimental form of this disease may be enumerated—a life of indolence; the reading of sentimental and voluptuous romances; a lack of the habit of self-control, especially of the emotions; too great seclusion from the society of the opposite sex; and the habit of self-abuse. These same causes are also efficient in the production of autoeromania, the physical form of the disease. Cutaneous eruptions, pruritus, hemorrhoids, ascarides, amenorrhœa, ovarian disease, lack of cleanliness, and erethism, are also efficient local causes in the production of autoeromania.

Whenever there is an evident exciting cause, the obvious indication for treatment is a removal of the cause. Hence all local sources of irritation are to be removed; habits that act as causes are to be combated; the general health and tone of the system are to be improved; and proper physical and mental employment are to be provided. The brain is also at fault, and hence we can rarely secure the cooperation of the patient. For this reason constant watchfulness and other measures of restraint are required to prevent a continuance of evil habits. If self-abuse be either a result, or both a cause and result, it is absolutely essential that the habit be prevented. The point is unfortunately very difficult of attainment. Among the means of prevention, confinement of the hands, and local applications that produce a considerable degree of pain and soreness, are worthy of a trial. In several cases in which there was an excessive erethism of the external genitals, an ablation of the

clitoris and of the labia minora has been followed by the most satisfactory results. In cases of erotic mania, marriage has been advised as a means of preventing an otherwise fatal result. When this is impracticable, an attempt may be made to substitute another object for the affections.

GLYCERINE LYMPH.—In Prussia regular re-vaccination is very generally practised, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result cases of small-pox are very rare. It has, however, been objected, there as here, the lymph is scarce. To make the most of such lymph as there is, government has tried its application mixed with glycerine, and the result has been so successful as to lead to a public recommendation of the mixture to official vaccinating surgeons. The manner in which the glycerine lymph is prepared is thus described by the *Reichsanzeiger*: The pustules of a healthy vaccinated person are opened with a needle, and the effluent matter carefully removed by means of a lancet, the same instrument being gently applied to assist the efflux. The lymph is then best placed in the hollow of a watch glass, and there mixed with twice its quantity of chemically pure glycerine and as much distilled water. The liquids are thoroughly well mixed with a paint brush. The mixture may be preserved for use in capillary tubes or small medicine glasses. The lymph thus procured is considered equal in effect to pure lymph; care must, however, be taken to shake it before use. As the same quantity that now suffices for one is thus made to suffice for five, the discovery ought to be extremely useful in crowded cities.

A WOMAN WITH FOUR BREASTS.—The *Medical News and Library* for April contains an account of a woman who was possessed of four breasts, two in the normal position and two in the axillary region. The latter two had attained about the size of an orange. She was delivered of a dead premature child, and, in spite of an attack of fever, the secretion of milk was regularly established in all the breasts; but, when examined microscopically, the milk of the supplementary breasts was found to be of a much purer quality.

Pathology and Microscopy.

PROFS. D. A. COLTON, M.D., AND SAMUEL A. JONES, M.D., EDITORS.

THE MICROSCOPICAL DIAGNOSIS OF BLOOD.

In noticing the last edition of Taylor's "Principles and Practice of Medical Jurisprudence" the *Quarterly Journal of Microscopical Science* says: "Of all the applications of the microscope to criminal cases the detection of the stains of human blood have gained the most interest in the public mind. Ever since the discovery of the persistent character of blood-globules the investigation of the nature of blood-stains has occupied the attention of microscopical observers. Unfortunately, however, for medical jurisprudence, the human blood-globule cannot always be distinguished from the blood-stains of the lower animals. From a vast number of investigations, more especially those of Mr. Gulliver, the size or the form of the blood-globules of the lower animals has been ascertained. Where the size or the form of the blood-globules of the lower animals differ much from the human globule they may be distinguished, but it requires a very practised eye to say to what animal a particular globule belongs. * * * The oblong forms of the globules of birds, reptiles, and fishes are the great distinction of the blood-globules of the classes below the mammalia. Size is the great distinction between the various groups of mammalia, but in some instances, as in the dog, their size approaches so near that of a man that it is difficult to recognize the difference. It is very evident that in the present state of our knowledge of this subject great caution is required in giving opinions on facts where the lives of individuals are concerned. It is, however, a matter for especial regret that these subjects are not brought more systematically before the mind of the medical

student in his ordinary course of study. It is on the medical man in ordinary practice that the law (of England,—S. A. J.), through the Medical Examiners' Act, throws the whole burden of making these investigations, and yet the law gives the right to men who have undergone *no examination on these subjects* to assume the position of witnesses on these important subjects in all our courts of law."

The concluding paragraphs call attention to a feature which we hope one day to find in our own country: "Just in proportion as the facts collected by microscopic observers are found to bear more or less on the causes of death or other incidents connected with our legal courts, it is important that the medical evidence should be given by men thoroughly instructed and competent to observe with the microscope. Dr. Taylor even raises the question in this work as to whether it is possible to instruct the ordinary medical practitioner in such a way as to make him a reliable witness on microscopic points in a court of law. At any rate, it appears that the time is coming when encouragement should be given to the special education of a class of men who should be independent of all the calls of practice, and who, by their great knowledge of subjects involving microscopic examinations, should be called in in all cases where such acquirements may be required in cases before our coroners and criminal courts."

Setting aside this subject in the purely legal point of view, we would ask how many of our busy practitioners give the requisite amount of time necessary to make the microscopical diagnoses which the welfare of the patient *not unfrequently demands but as unfrequently obtains*? "Forewarned, forearmed" is as true in medicine as in the less vital policy of daily life. We are emphatically reminded of this by the following experience: We this day made out the "death certificate" of a patient to whom we were called just twenty-four days ago to say if he had phthisis pulmonalis or chronic bronchitis. Up to this date the attending physician had declared that he would *soon have him all right*. The remorseless precision of a microscopical examination of the sputa (of twelve hours' "raising") necessitated such a prognosis as we hope we may never again

be forced to make to a wife and children. With due warning the heart can prepare for and submissively bow to the inevitable; but an unexpected doom crucifies love and racks even philosophy. More than all, such a diagnosis as could have been easily and positively made in this very case eight months ago might have prolonged life by a timely hint of the benefit to be had by seeking refuge from the rigors of a Northern winter in a kindlier climate. Mind you, I do not unqualifiedly condemn the practitioner who committed this error. I know that he rejoices in a "large practice," and I also know that poor Tom Hood wrote :

" Evil is wrought by want of thought,
As well as want of heart."

If any *young* doctor, waiting for "practice" and half heart-sick, reads this, I would say to him, from the very depths of a sympathy which comes from having known that waiting and that heart-sinking, do not aim for the "large practice." If it comes upon you early, ten to one you are doomed to a third-rate mediocrity. Aim first to do *thoroughly* the little that falls in your way. Repetition will secure the facility of the adept, and when in God's good providence the harvest is ripe for *your* sickle depend upon it you will have developed the "thews of Anakim" in those long hours of heart-sinking, but also of sublime *well-doing*. I am almost afraid that I can remember a time when this philosophy would have seemed to me as *mal-a-propos* as the usurer Seneca's "Praise of Poverty" written on a table of gold; but to-day I will stand by this: First, the world needs the capable workman too much to never use him. Secondly, God loves the true workman too much to *ever forget him*.

We are not disposed to share Dr. Taylor's doubt in regard to the capacity of the "ordinary medical practitioner"—that is, if we may first be allowed to qualify the "ordinary." Some men are "ordinary" from the very egg, and such were never intended for microscopists or anything else. Like Holmes' bugs in tavern bed-posts their chief purpose is to signalize Nature's horror of a vacuum, in dread of which she makes a great many *things* merely to occupy so much of space. Other men make themselves "ordinary" by indolence, or by false pursuits.

Given one of the latter, and, with the desire, he surely can become a microscopical expert.

This very study of the blood of the vertebrata isn't a bad beginning for such an one. It is also fine practice for the young physician. A few hints may not be amiss. "The persistent character of the blood-globules" makes them capable of preservation as "objects," and a comparative cabinet of the blood-globules of the vertebrata would be a fine and valuable acquisition. To prepare a "slide" showing the blood-globules is a thing easily learned, and is withal good practice to acquire facility in the art of mounting. Having made the cement cell on the ordinary slide with Bell's cement, and the whirling-table, we have found it the best plan to first let the blood coagulate. A small portion of the "clot" is then made to touch gently the clear glass in the centre of the cell. The slide is then placed under a bell-glass to dry, which soon occurs. The slide is then centered on the whirling-table, and with a small camels'-hair brush a *very thin* film of gold-size is painted upon the upper wall of the cell. Then the thin glass cover is properly adjusted and the prepared object laid away to dry. The only "knack" is in using the right quantity of gold-size—too much will run in and fill up the cell. No cement is needed at the periphery of the cover. When well done this "dry-cell" mounting is among the neatest-looking work of the microscopist.

From these preparations the form of the blood-globules can be learned, and this is a study which educates the eye; but to become an expert it will be necessary to study the blood under every imaginable condition. Staining different fabrics with blood and then extracting it is a pursuit which will keep the repining devil away for many a long day. When Browning's micro-spectroscope can be purchased one is in the way of making contributions to science in this slightly-worked field. To make reliable measurements a Fraunhofer's micrometer must be had, and to get it will constipate the pocket of most young doctors.

The student will find Gulliver's praiseworthy and accurate blood-globule measurements in "Gerber's Elements of the General and Minute Anatomy of Man and the Mammalia,"

Vol. I. Appendix pp. 31-83. "Hewson's Works" pp. 237-244, Sydenham Society.

As the resemblance in size of the blood-globules of man and of the dog has been mentioned we give Gulliver's measurements of them for the convenience of any who may not have access to the works cited :

"Common Dog (*Canis familiaris* Linn.).— $\frac{1}{4000}$, $\frac{1}{3500}$, $\frac{1}{3200}$, general diameters; $\frac{1}{4570}$, $\frac{1}{2900}$, extremes of diameter; $\frac{1}{3542}$, average diameter.

"Man (*Homo*)— $\frac{1}{3200}$, average diameter."

CHLORAL HYDRATE AS A REMEDY IN PURPURA.

In the *Monthly Homœopathic Review* for June, Dr. Dyce Brown cites two cases of purpura which were occasioned by *chloral*. "In the two cases, *chloral* administered in the presence of organic disease of the brain, induced what can only be designated acute purpura—a condition in which, with marked constitutionnl disturbance, there was alteration in the capillaries of the cutaneous and mucous surfaces, with sub-cuticular hæmorrhage and ecchymoses.

"M. A., female, aged 69, who had been an inmate of this asylum* for many years, and who was subject to periodical attacks of mania, occurring every six months, and ushered in by convulsions and coma, entered upon one of her wonted paroxysms on the 1st of March, 1870, and was ordered twenty grains of chloral hydrate three times a day. This produced sleep and cutaneous anæsthesia, and on the 4th of March, a very unexpected result in the form of a bright red blush, erythematous in aspect but permanent under pressure, over the chest and shoulders. This blush on March 6th had pervaded the whole of the trunk and limbs, and had become mottled with livid patches and deep red spots. The lips and buccal mucous membrane had contemporaneously become red and raw-looking, the gums spongy, and the tongue blistered and ulcerated in several parts. The breath was fœtid, the pulse 120, feeble and

* West Riding Asylum. Cases reported by Dr. Crichton Browne.

compressible, and the general condition that of great debility, with delirious excitement. On March 9th no material change had taken place, except that the ulcerations in the mouth have become more extensive and distressing; but on the 11th the petechial eruption showed signs of vanishing over the thorax and abdomen, where it had never been so severe as on the arms and legs, and where intervals of yellowish and white skin were now visible. The arms were of a red color, speckled with shreds of white, dead epidermis partially separated from the subjacent cutis, and the lips were covered with sordes and dried blood. On March 15th a sort of general desquamation had set in, the cutis being raised in thick round patches, like blisters from which the serum had been absorbed, the skin beneath being of a dull purple color, and in some places yellow. After this a large bed-sore formed over the sacrum, and some superficial cracks and fissures presented themselves in the neighborhood of the joints. Convalescence was, however, steadily maintained, and the patient was soon restored to her usual health."

"L. T., a female, aged 46, laboring under heart-disease, left hemiplegia, and dementia, with excitement; who was ordered, as a calmative, on February 24th, 1870, fifteen grains of *chloral* thrice daily, and who seemed to derive benefit from the prescription until March 15th, when numerous reddish-purple blotches were observed round the left elbow, which, on the following day, had enlarged and united with others of a similar kind which had come out on the shoulders and forearm. On March 17th several livid marks had broken out on the face, while the left arm had become swollen and indurated, and showed upon its red surface a mass of minute points, or stigmata, of a much deeper red, and not disappearing under pressure. On the next day dull purple spots and discolorations—some small, round, and circumscribed, others large and regular in shape—were seen on the legs, abdomen, and back; being restricted in the latter situations to a band two inches in breadth along each side of the vertebral column. Along with these petechiæ there was great prostration of strength, a tendency to somnolence, weakness, and irritability of the pulse, a raw state

of the lips, which were entirely denuded of epithelium, and a fissured and thickly-coated tongue. On the 19th of March the spots and discolorations had spread in every direction, and had lost their vividness of hue, having assumed a deep purple tinge. Symptoms of pulmonary congestion also appeared. Strength gradually ebbed; and, after several slight attacks of syncope, death took place on the 22nd of March. At the autopsy, thirty-one hours after death, the body was found covered with livid vibrices and ecchymoses of various shapes and sizes, largest upon the limbs, smallest upon the abdomen. The ankles and feet were of a diffused purple color, and there was much sugillation of dependent parts. Rigor mortis was present. The outer layer of pericardium was adherent to the heart, which weighed 17 ounces, had thin walls, dilated cavities filled with discolorized clots, and valves incompetent and enormously thickened and puckered. There was a sort of cartilaginous deposit on the outside of the right auricle. The right lung was congested and œdematous; the liver was fatty; the capsules of the kidney were thickened and adherent, with wasting of the cortical substance. In the head a large arachnoid cyst was found coexistent with the right hemisphere, which was flattened beneath it. It presented a reddish-green appearance, and contained several ounces of a bilio-sanguineous looking fluid. The whole brain weighed 40 ounces; the right half weighed 18 ounces, the left half 21 ½ ounces. There were the rusty-brown traces of an old clot in the right corpus strictum."

Dr. Brown adds: "No question can, I conceive, arise that in the cases just described the purpuric affection was due to the use of *chloral*. The symptoms which they presented were of an unique kind, and almost unparaelled in asylum practice at the present day. Purpura senilis is occasionally encountered in aged insane women, affecting chiefly the dorsal aspects of the hands and arms; but purpura of the type exhibited in the above cases is, as far as I know, never met with. The *modus operandi* of *chloral*, in inducing this type of purpura, can only be conjectured. It may have been that a blood change was the first step in leading to the lesions observed. It is not improbable, however, that some alteration or withdrawal of nerv-

ous influence, interfering with the elasticity and caliber of the vessels, may also have been concerned. Whatever the action of *chloral* on the blood may be, it seems scarcely of a protective or salutary kind, as the two worst instances of typhoid fever in this asylum, during last year, occurred in women who had been taking *chloral* for some weeks before they were struck down by that malady."

The spanæmifacient power of *chloral* is plainly evidenced in these cases. In the first of them we observe that at the advanced age of 69, 180 grains, in a space of three days, were sufficient to determine the purpura, while in a patient 23 years younger, 855 grains, in a period of 19 days were necessary to induce the "reddish-purple blotches." On stopping the *chloral* the patient who had taken the 180 grains recovered, despite the slowness with which the process of repair must take place in so old a person, while the young patient, in whom repair was far more rapid, succumbed. These facts are evidence that the purpura is an effect of *chloral*. If any other testimony is needed it can be found in the *Monthly Microscopical Journal** for August. Dr. Ralph experimented upon man, the rabbit, rat, and the frog. What chiefly concerns us in his results is the following: in human blood drawn a few hours after taking *chloral* he found "in several parts of the field of the microscope, besides *garnet-coloured amorphous particles*, a number of *red-coloured globules* (double the diameter of white corpuscles, and many smaller) were seen; some of these were dark red.

"*Experiment 2.*—Hydrate of *chloral* was exhibited by the stomach to a rabbit; within an hour red masses were seen in the blood, also the presence of starchy bodies was noticed.

"*Experiment 5.*—Frog killed by hydrate of *chloral*, after some hours of sleep. Blood from heart decidedly tinged redder than usual; some corpuscles presented reddish dots on their surface; red-coloured masses were noticed, all through the blood, as seen before.

"*Experiment 6.*—On self. Three grains of hydrate of *chloral* were taken about two hours after a meal; the blood was

* Observations and experiments with the microscope, on the chemical effects of *chloral* hydrate, chloroform, prussic acid, and other agents on the blood. By Thomas Sherman Ralph, M. R. C. S., Eng

examined every quarter of an hour; at the end of an hour it exhibited decided reaction; blue as well as red particles were seen. * * * The urine also exhibited some dark-coloured and reddish particles."

We can no longer say, with Dr. Crichton Browne, "The *modus operandi* of *chloral*, in inducing this type of purpura, can only be conjectured. It may have been that a blood change was the first step in leading to the lesions observed." Dr. Ralph's researches also emphasize Dr. Dyce Brown's concluding remarks:—"These two cases are to homœopaths, extremely valuable, as no remedy we have, has produced such unmistakable examples of purpura. The medicines hitherto known, producing the effects most resembling purpura, *mercurius*, *arsenicum* and *phosphorus*; but the latter, as Dr. R. Hughes observes in his *Manual of Therapeutics*, does not seem to produce purpura as a primary effect, but only in connexion with the morbid state of the liver induced by *phosphorus*. Not so *chloral*. Its effects are, therefore, the closest 'simile' possible to purpura, and point it out as likely to be of great service in the treatment of this disease."

Beside stating the appearances presented. Dr. Ralph attempts to explain them. He deems it "reasonable to conclude that the decomposition of hydrate of chloral in the blood gave rise to the liberation of formyl, or else formate of ammonia. But what becomes of it? Is it likely to remain in a free and uncombined state? or rather does it not combine with that imported element in the blood—iron, producing a formate of iron, perhaps ammonia-formate of iron."

"*Experiment.*—Chloral dissolved in a little water with ammonia added, was followed by the decomposition of the former; a crystal of sulphate of iron was added, and the effect watched under the microscope: red-colored particles and amorphous masses of different depths of tint, closely resembling seen in the blood in the forementioned experiments, made their appearance."

S. A. J.

Hygienic Observations.

A FEW OBSERVATIONS ON THE INFLUENCE OF HIGHLAND AIR IN THE CURE OF INCIPIENT PHTHISIS.

BY DR. LIEDBECK, OF STOCKHOLM

Translated from the Swedish by Professor GEORGI.

We copy the following article, by our respected correspondent, Dr. Liedbeck, from the *Monthly Homœopathic Review*:

It has often been remarked that the air at the sea-side has been found 'too strong' for patients suffering from pulmonary consumption on their first removal thither; that, on the other hand, they have felt better in their own country homes; still more so, perhaps, when living at a farm-yard, or in a fir-wood, or on high mountains; nay, even in the common inland air. The popular expression, however, about the sea air being 'too strong,' is more rational than might at first appear, because of the greater atmospheric pressure on the borders of the sea than on more elevated ground—the expression 'too strong' being taken to indicate rather a relative than an absolute condition in nature.

But some persons would, perhaps, be disposed to ask what influence a greater or less degree of condensation of the air could have on the cure of phthisis? The answer is simply this—Phthisical patients, equally with all other living beings, find themselves under the necessity, in a mountainous country, of drawing deeper and fuller breaths, in order at each inspiration to obtain the same amount of oxygen as at the sea-coast. They are obliged involuntarily, day and night, without ceasing,

by their own effort, to make deep inspirations; and by this continuously enforced process of exercising the breathing power, it becomes more developed, and will, in many instances, equal, if not surpass, the results obtained by a careful medico-gymnastic treatment, which is only applied once or twice a day. It is a well-established fact that pulmonary consumption is unknown among the native population of the highlands of Switzerland, because they learn, during their whole lifetime, the art of respiration, under the teaching of Nature herself, more effectually than they could do so in artificial conditions, under the training of the most skilful teacher of gymnastics. And the man who has once become habituated in the school of nature to inhale the air with a full expansion of the chest will, afterwards, on a less elevated ground—on the plain—continue to breathe in the same manner, because the capacity of lung-expansion has increased in the same ratio as the power of the muscles of inspiration and of the whole respiratory apparatus has once and for all been vigorously developed.

Although Norway has in general higher mountains than Sweden, it has not, as yet, made any use of this advantage in the treatment of pulmonary consumption; and it is only within the last few years that an establishment for this purpose has been in existence in Sweden. This establishment is situated at Mosseberg, near Falkoping, 750 feet above the level of the sea. Mosseberg is essentially a water establishment, but we find from the report of the physician attached to the establishment, that in addition to the usual forms of disease successfully treated after Priesnitz's method, he makes emphatic mention of 'the extraordinarily beneficial results which have been obtained at Mosseberg in several forms of lung-affections, especially in chronic bronchitis and incipient phthisis.'

The old custom in Sweden, and one which has its corresponding practice in other countries, was to send patients affected with incipient pulmonary consumption to the West Coast, and Marstrand has thus been called—more by the Germans perhaps than by ourselves—the Madeira of Sweden. The credit due to these two islands—the real—no less than to its northern substitute, as far as the cure of consumption goes, is, however, rather

doubtful ; and it has been shown that the dry air of the steppes of Russia, with the addition of the use of *koumis*, affords much more favorable results in the cure of phthisis than the air of these islands.

The many tombstones and monuments in the cemetery of Nice, erected over foreigners who came thither in search of health, but found a grave, tell a sad tale of the inefficiency of the place, viewed as a health-resort in phthisis.

“At Gorbersdorff, in the Riesengebirge, with an elevation of 1,700 feet above the sea-level, there has existed during the last ten years an establishment for the treatment of pulmonary consumption, under the direction of Dr. Brehmer. Physicians from various quarters have borne testimony to the good results obtained at Gorbersdorff, in comparison with the exceptional benefits resulting from travel by land or sea, or from the cautious use of the water-treatment. In reference to this treatment it has been alleged that the founder of the modern water-cure, Vincent Priesnitz, died of phthisis at the original establishment, Grafenberg, even before the disease had reached its last stage. It may not be out of place to note *en passant* an entirely different result in the case of the inventor of the modern movement-cure, P. H. Ling, who, attacked by pulmonary phthisis at an early age, yet managed to keep it at bay by his kinesiatrix applications, until, at last, from a combination of unfavorable circumstances, the disease obtained the mastery at the age of 63. I am inclined, however, to believe that the pure highland air (without the aid of baths or other remedies) will generally be found to afford the best help in the first stage of consumption, whilst, in its last stage, highland air, equally with other remedial processes, will probably be found of no avail.

HEALTH.—*Herald of Health* says: “With health, man can accomplish anything he wills, but without it, he is like a giant bound, helpless. Horace Mann once truly and beautifully said : ‘All through the life of a pure-minded, but feeble-bodied man, his path is lined with memory’s gravestones, which mark the spots where noble enterprises perished for want of physical vigor to embody them in deeds.’ ”

A CONTRAST IN DWELLINGS--A NEST OF CONSUMPTION AND A HOME OF HEALTH.

Dr. Bowditch in *Atlantic Monthly* says:

We know of two families in Massachusetts of whom the following story may be told. Two healthy brothers married two healthy sisters. Both had large families of children. One lived on the old homestead, on the southern slope of one of the numerous, beautiful and well-drained hills in that vicinity. The whole house was bathed all day long in sun-light, and consumption did not touch any of the young lives under its roof. The other brother placed his house at a very short distance off, but upon a grassy plain, covered all summer with the rankest verdure. In its front was a large open "common." In the center of this, water oozed up from between the split hoofs of the cows as they came lowing homeward in the evening, and the bare-footed boy who was driving them used to shrink from the place, and preferred to make a circuit of its edge rather than to follow the lead of his more quiet comrades. Back of the house was a large level meadow, reaching to the very foundations of the building. Through this meadow sluggishly crept the mill-stream adjacent village. Still further, all these surroundings were inclosed by lofty hills. The life-giving sun rose later and set earlier upon this than upon the other fair homestead. Till late in the forenoon, and long before sunset left the hillside home, damp and chilling emanations arose from the meadow, and day after day enveloped the tender forms of the children that were *trying in vain* to grow up healthily within them. But all efforts were useless. Large families were born under both roofs. Not one of the children born in the later established homestead escaped, whereas the other family remained healthy; and when, at the suggestion of a medical friend, who knew all the facts we have told, we visited the place for the purpose of thoroughly investigating them, we thought that these two houses were a terrible significant illustration of the existence of this all-powerful law. Yet these two homes had nothing peculiarly noticeable by the passing stranger. They were situated in the same township, and within a very short distance one from the other, and scarcely any one in the village with whom we spoke on the subject agreed with us in our opinion that it was location alone, or chiefly that, which gave life or death to the inmates of the two.

We might speak of other homesteads which seem to us now to be the very nests of consumption in consequence of this law and yet not one parent in a hundred acknowledges even theoretically his belief in the correctness of our assertion. Parents themselves during a long residence, may escape from the dire influences of location; and therefore they imagine, if their children are failing, that some other evil agency is at work, rather than this law.

Illustrative of this error on the part of parents, we cannot forbear relating the following fact. We know of a house situated about a foot above and just on the edge of a small lake. The cellar, if there be one, must be below the level of the water. The house, built with taste, nestles amid over-hanging and thickly leaved trees, through which the sun rays can scarcely penetrate even at midday. The homestead is overrun with the springing woodbine, clematis and honeysuckle. Coolness, dampness, and little sunlight are the characteristics of the spot. In the midst of summer it is the *beau ideal* of a quiet, refined country house, which any one, even the most fastidious, would desire to occupy. Yet as we have looked at it, and have remembered how one by one of the children born in it have been cut off by consumption, either at puberty or at early manhood or womanhood, we have turned with loathing from all its external beauties, and have regarded them all as so many false and fatal allurements, bringing inevitable ruin to those who should fall within the sphere of their influence.

These tales are no creation of our imagination, but positive and undeniable facts.

The Sunshine.—Every body should live on the sunny side of their houses as much as possible, and allow the sun's genial rays to penetrate the rooms. Darkened parlors are fashionable evils. True, it is gloomy enough to be ushered into a tomb-like apartment, where one can scarcely grope his way to a seat; and to discover, when his eyes become accustomed to the dim light, that every chair and sofa has on its "duster," apparently equipped for traveling to some unknown land. But ladies *must* have their carpets kept bright and fresh, even if their cheeks are the paler for it! And so the shutters are tightly closed, and the heavy curtains drawn. But, for the sake of health and beauty, ladies, let this be done only in the "best parlor," if it must be done at all. Let the rooms where the family live be cheerful and sunny. No lady would expect her house-plants to send out full, brilliant blossoms, unless she placed them at a window where the sunshine would invigorate them. No more should she expect her children to show fresh, rosy complexions, or to develop genial dispositions, unless they live in light, sunny, airy rooms.

Materia Medica and Therapeutics.

PROF. E. M. HALE, CHICAGO, ILL., EDITOR.

CUNDURANGO.

For the history and correspondence in regard to the recently discovered remedy for cancer, we refer our readers to the columns of the "National Medical Journal" for May and June, 1871.

A South American by birth, the advent of this new pretended messenger of mercy has filled us with the deepest interest. From the very first moment of the receipt of the intelligence furnished to the country through the Department of State, we have used all the means in our power to gain information regarding the new remedy. At the annual meeting of the Massachusetts Medical Society, on the 6th ultimo, we had the honor to exhibit our specimens to the members of that body. The interest manifested in the reading of the history and letters connected with it, and the impression of the earnestness with which they gather around us, after the meeting, only to behold the unpretending specimen of material which embodied a spark of hope, however dim, of the realization of so beneficent a boon from God to man, will not soon be forgotten. Dr. Dole, of Amherst, reported the history of a case of carcinoma then under his charge, where the remedy had been used. "Its beneficial effects," said the Doctor, "thus far, at least, are unquestionable."*

Dr. Henderson, U. S. N., desired us, in any remarks we might make, to mention, the "analogy of discovery, of the remedy, to that of Cinchona, in precisely the same locality, Saxa, North Peru, South Ecuador.

Dr. D. W. Bliss, of Washington, D. C., who seems to have had better opportunities for trying this remedy, than the most of us, promised to furnish an article for this Journal. We regret to say that a letter, received from that gentlemen at a very late hour, informs us that owing to the press of business, he will not be able to send it in for July, but will endeavour to do so in time for the August number.

* Dr Dole's case, one of long standing, and *in extremis* when the medicine was first employed, has since died.

We take the liberty to insert the following letter from Dr Bliss:—

“ WASHINGTON, D. C., June 13 1871.

“ DR. GEO. H. BIXBY,—

“ *My Dear Doctor* :—Your favor of the 9th is received, and in reply I would state, that the cases of Carcinoma I am now treating with the ‘Cundurango’ bark are rapidly improving. Two are cancers of the breast, in both cases secondary cancerous deposits: one in the neck, shoulder, and arm, with marked cachexia; the other with submental and axillary, deposit. The secondary deposits have entirely subsided; so also the cachexia. The mamma has become soft, and assumed its normal color and elasticity. The case of Carcinoma Uteri was *in extremis*, and I am happy to say that the severe pain has *entirely* subsided, the discharge became much less offensive, and changed its character from a thin, watery, ‘prune juice’ discharge, to a purulent and more healthy condition. The tongue has cleared off, and become less red, appetite returned, painful micturition subsided; in short, she has really become convalescent. I have now exhausted the medicine, and my case must wait for further treatment until July 1st, when I shall receive a large quantity, and will supply you and all others who desire it.

“ Doctor, *I am not mistaken* in regard to the effects of this remedy; it has some specific effect upon cancer, and syphilis, and will prove such a blessing to suffering humanity.

Very truly yours, D. W. Bliss.”

At a more recent date, Dr. Bliss writes us the following :

“ I have daily additional evidence of the reliability of the remedy in malignant disease, and can safely risk my reputation upon the result of its general use.”

To be the discoverer,—nay let us rather say, the favored messenger of God, sent to bear so inestimable a boon to his suffering creatures, with what worldly honors can we compare his fame? To him who should have raised in vain, by base motives, the feverish expectations of thousands of his suffering fellow-beings, *how* black and lasting would be the infamy that would surround his name!

To our worthy confrères, who have brought this subject before the world, while we would bid them “God speed,” with all kindness would we remind them that not “forty” but endless “centuries contemplate their action.” In the opinions of some, all that has been said or written upon this subject may savor strongly of those thousand-and-one wonderful therapeutical discoveries, of short life and well-deserved early interment, which have disappointed the hopes of countless sufferers, and tarnished the pages of medical history in all ages;—still, after reading the reports of Dr. Bliss, who, we trust, has weighed well his words, we feel there his hope enough to incite the conscientious physician to reserve his judgement, until after a *careful and impartial* trial. This is what we intend to do. We desire to tender our sincere thanks to Dr. William Maxwell Wood, Surgeon-General of the United States Navy, and to Surgeon A. A. Henderson, U. S. N., for honoring us with pieces of the Cundurango wood, the former sending the last piece in his possession.—*G. H. B. Gynæcological Journal*,

Dr. Cæsares, of Quito,* employs the following method for using the Cundurango:

A decoction of the cundurango is made out of a small piece of the wood beaten out flat, and half an ounce of which is boiled in three teacupful of water.

Of this decoction one teacupful must be taken in the morning, and another at night.

If the patient has ulcers, they should be kept very clean by the use of aromatic wine or simple ointment, according to the degree of inflammation.

The decoction is only to be used for fifteen days consecutively. An interval of fifteen days must then elapse, when the remedy may again be resumed for the same length of time.

Great attention must be given in order to keep the digestive organs in the best possible condition.

With regard to any other counsel, the general aspect of the patient must serve as guide.

In this country [Ecuador] the Cundurango has proved itself to be a powerful restorative, and must eventually work a complete revolution in the treatment of cancerous, venereal, and ulcerous diseases.

The following contains the report of an analysis of Cundurango, made by Thomas Antisell, M. D., and published in American Journal of Pharmacy:

In the month of March of this year, Mr. Flores, Minister of Ecuador at Washington, forwarded a box containing a vegetable medicament which he had received from his government for presentation to the State Department, and requested that some analyses and experiments might be made with it, to test its medicinal value. The samples of the drug were stated to have grown in the province of Loja, Ecuador, and extracts from the official journal accompanied the parcel, showing that great medicinal virtues were attributed to the wood and bark of the tree known as Cundurango. The extracts were testimonials from Doctor Cæsares and Eguigureu of that province, as to its great value in cancer, fungus hæmatodes and constitutional syphilis. These statements were supported by a letter from Mr. Rumsey Wing, our minister resident at Ecuador, to Hon. H. Fish, Secretary of State, testifying to the medicinal virtues of the plant as admitted by the natives of Loja, in which he mentions that a decoction of the fruit is known to be a poison, and that the parts of the plants used medicinally are the bark and leaves.

During the month of April a sample of the plant (small branches) were received in this department, from Hon. Mr. Fish, with the request to have an analysis made and reported to him for the benefit of the Ecuador government. Meanwhile the plant itself had been tried, in the form of a decoction, upon some patients in this city affected with cancer, and with apparent considerable relief to the sufferers.

* National Medical Journal.

About one pound and a quarter in weight were received for analysis.

The sample consisted of stem and branches of apparently a shrub, but was unaccompanied by leaf or root, so that the botanical characters of the plant could not be determined.

The stem is woody and covered by a greenish or ash grey bark, the former tint being due to the lichens on its surface ; the branches are from a half inch to a little over an inch in diameter, averaging about the thickness of the finger ; the woody fiber is straw colored and brittle, breaking with a sharp fracture ; it is almost tasteless, having a slight aromatic and bitter flavor when chewed.

The bark contains whatever medicinal virtues are in the plant ; of grey color, slightly ribbed or fluted longitudinally from unequal contraction while drying on the branch ; increasing in thickness in proportion to the diameter of the woody stem, in the thicker branches constituting more than half the weight of the whole, in the thinner somewhat less than half ; readily separable from the stem by pounding or bruising, when it comes off in clean longitudinal pieces, brittle in the transverse fracture ; of a warm, aromatic, camphor and bitter taste, resembling the cascarilla of the old collections. Under the lens it is readily resolvable into three layers: 1st, the inner layer or cambium of reticular woody tissue, having granules of starch and particles of resin imbedded. 2d, a middle layer of woody fibre and dotted ducts ; resinous particles also in this layer ; and 3d, the cuticular or outer layer of cells of a brownish color, and containing coloring matter and tannic acid.

The usual method of filtration from digestion in the usual solvents, as gasoline boiling at 1108, ether, alcohol, carbon disulphide and water, &c., were adapted.

1. Ratio of bark to wood

Bark	49.72	} Mean of these experiments.
Wood	50.28	
	<hr/>	
	100.	

2. 100 parts of bark yield

Moisture at 100° C.	8.
Mineral salts (ash)	12.
Vegetable substance	80.
	<hr/>
	100.

3. This vegetable matter was separable into the following:

Fatty matter soluble in ether and partially in strong alcohol	.7
Yellow resin soluble in alcohol	2.7
Gum and glucose from starch	.5
Tannin, yellow and brown coloring matters, (extractive)	12.6
Cellulose, lignin, &c.,	63.5
	<hr/>
	80.

No crystalline alkaloid or active principle was separable by the usual methods of proximate analysis. A plan similar to that used for cinchona alkaloids and also that by precipitation with diacetate of lead was tried. By distillation no volatile oil or acid was obtained.

Whatever medicinal virtues the plant may possess must reside either in the yellow resin or in the extractive; the former is soluble in alcohol and the latter in water; in the watery decoction some of the resin is diffused but the greater portion of the resin is not extracted by the water. The therapeutic position of the plant, judging from analysis, might be among the aromatic bitters.

THE ANNUAL RECURRENCE OF SYMPTOMS FROM POISONING BY *URTICA URENS*, (NETTLE).—I quote the following from the *RACINE Journal*:

"The doctors report quite a number of cases of people having their hands and legs poisoned with a nettle that grows wild in the fields. The pain occasioned is most intense, and frequently the person is confined to the bed. There is a singular case in this county, caused by the poison nettle. Three years ago a boy had his feet and legs stung, and every year since then, at about the season of the year he was poisoned, he is taken sick, the same as when first poisoned. He is, at present, undergoing treatment for the disease."

The annual recurrence of many skin diseases, also nervous affections, fevers, etc. has given rise to much speculation. That there is such a yearly type to some diseases, no physician of experience will deny. If we can find remedies which correspond with such annual types it will be of great value. The symptoms caused by the poison of serpents (*Lachesis* and *Crotolus*) are apt to recur yearly. It appears that the nettle may do the same. *Urticaria* are prone to affect some persons about the same time every year. In such cases *Urtica* will prove the specific remedy.

E. M. H.

POISONING BY CARBOLIC ACID.—Dr. Gerrard reports in the *Lancet* a case from Jamaica, in which a sailor was poisoned by carbolic acid. It appeared that the captain kept in a cupboard in his cabin two bottles similar in appearance, but one of them containing rum and the other carbolic acid. It is supposed that the deceased, searching for the rum, drank from the carbolic acid bottle instead, as it was found half way out of the cupboard, but with the cork in it. When discovered, he was comatose, with contracted pupils and intermittent pulse, stertorous breathing, and frothing at the mouth. There was also a peculiar livid appearance about the eyelids, lips and ears. The odor of carbolic acid was present. Medical aid was obtained, but death followed within three-quarters of an hour of the supposed time of his taking the poison. It was said that the deceased, whilst searching for liquor on the previous voyage, had swallowed some lamp-oil in mistake for rum.

Book Notices, etc.

On Intermittent Fever, and other malarious diseases. By I. S. P. Lord, M. D. New York and San Francisco, Boericke & Tafel. Price \$3. For sale at Detroit Homœopathic Pharmacy.

An octavo volume of 341 pages, bound in cloth. It contains a clinical record of 215 cases of intermittent fever and other affections of a malarious origin. The author has recorded all the cases treated in the order in which they occurred, without any omission, so the reader is enabled to observe results of treatment. Physicians, generally, are not courageous enough to report their mistakes in diagnosis and cases of failure, yet they would be equally as profitable as the relation of cures. Our author gives a faithful transcript of his clinical experience, and his record will be found eminently instructive.

Dr. Lord furnishes the following sensible advice :

"Ague, like any other disease, requires a firm and sometimes persistent adherence to one or two drugs, and such persistence is generally rewarded by a cure; the disease most commonly ceasing suddenly, when least expected.

"You must not expect to work miracles; if you do, you will certainly be disappointed. Miraculous cures, 'by a single dose of a single medicine,' is a rare occurrence; it is an A A I phenomenon, and is a legitimate object of suspicion.

"The publication of such cures has been, is, and probably will ever be, the curse of our school. First, be sure that you are right; that is easily done; and then proceed as you would in treating any other disease."

Walks About Jerusalem: A search after the landmarks of Primitive Christianity. By Isaac Errett. Cincinnati, O., R. W. Carroll & Co. 12mo., 211 pp., cloth, \$1; paper cover 50 cents.

On Tuesday last, (Oct. 24,) when at Cincinnati, where we had been attending the General Convention of Christian Mis-

sionaries, we called upon an elderly gentleman with whom we had been intimate thirty years ago. We recognized in his room a writing chair that we had often seen at his old home. "Yes, it is the same chair, and it has been thoroughly magnetized!" We found him and his good wife both involved in the insidious fallacies of spiritism, which he termed "a new gospel—the gospel of progression."

On the same day we were presented with the beautiful book before us, by the author, who is an eloquent preacher of the Christian church and editor of the *Christian Standard*, religious newspaper.

This book takes us back to the City of the Great King, for the primitive paths of the pure and simple Gospel of Peace. It recognizes the *true progress*, "beginning at Jerusalem," identified with the Word of God, and the Divine Christ.

It is one of the most pure and refreshing books we have read, and were not the *Observer* so specially devoted to medical matter, we should give it an extended review, and quote largely from its pages.

A Contribution to the Treatment of the Versions and Flexions of the Unimpregnated Uterus. By Ephraim Cutter, A. M., M. D. James Campbell, Publisher, Boston, Mass. Octavo, 44 pp., price 50 cents.

A monograph of 44 pages, illustrated by 21 engravings on wood. The author issues this as a contribution to the common stock, believing it the duty of every physician to strive to leave his profession better than he found it.

The author closes his brochure by saying :

"There is no doubt in my own mind that the present mode of suspending the dress of females from the waist is a prominent exciting cause of uterine versions and flexions. This impression is so strong that it is impossible for the writer to close this article without realluding to this subject. First, there is the corset surrounding the waist. Even if worn loosely, it none the less communicates the superincumbent weight of garments on to the abdominal region, and crowds the viscera down to the lower part of the cavity in the pelvis. In this state of things, let the vagina be weakened by inflammation, what would be more natural than for the uterus, unduly weighed down, to tip over or bend, thus dilating still more the toneless vagina, and increasing the difficulty? The natural points for suspending the garments, in men and women, are the shoulders. The bones of this region, with their investments, are admirably suited for this purpose. Weight applied here is supported by the whole thoracic and pelvic skeleton.

There is no crowding of the diaphragm upwards, or abdominal viscera downwards, as in suspension from the waist. How disastrous this waist suspension is in men? Take the sailors. They are notoriously subject to hernia. No doubt their unusual efforts in pulling ropes combine to aid this result, but the tight waist belt must make it more sure."

"When Paris fell it was hoped that with it would go the fashions, and that the common sense of mankind would cause them to look for modes of dress from medical artists who understand the needs and requirements of the body, from a physiological as well as æsthetic point of view. Health and comfort should be combined with beauty. The person who will invent a means of suspending the garments of women from the shoulders, which shall combine ease, lightness, and mechanical adaptation, will deserve and receive the reward of a benefactor."

First Help in Accidents and in Sickness; a Guide in the absence or before the arrival of medical assistance. Boston: Alexander Moore. 12mo., (cloth, 265 pp., price \$1.50.

The contents of this manual were given on page 489 of present volume. An examination of its chapters will satisfy any intelligent person that it is a very useful little book, devoid of the quackery which characterizes so many of the health manuals that are offered to the public.

Therapeutic Key, or Practical Guide for the homœopathic treatment of acute diseases. By I. D. Johnson, M. D. Philadelphia: F. E. Bæricke, and for sale at Detroit Homœopathic Pharmacy. Price \$1.25.

Dr. Johnson has prepared a very useful little pocket manual for the use of homœopathic physicians. It is very compact, being only $3\frac{1}{2} \times 5\frac{1}{2}$ inches, and one-third of an inch in thickness. The principal symptoms for acute diseases are given with commendable clearness and beauty; the characteristic symptoms with an *; the subordinate symptoms in italics.

Herald of Health and Journal of Physical Culture. Published by Messrs. Wood & Holbrook, 13 and 15 Laight st., New York.

This is an excellent hygienic monthly, published at \$2 per year. Any of our readers desiring it can receive it, *with the Observer*, for \$3, by prepaying this sum for both, at this office.

American Journal of Homœopathic Materia Medica and Record of Medical Science. A monthly, devoted to the general interests of Homœopathy. A. R. Thomas, M. D., General Editor. Philadelphia: J. M. Stoddard & Co.

The first number of the new series of this journal is before us. It has been enlarged to 48 pages, and the General Editor appears to have adopted a classification of departments similar to our own: *Materia Medica*, *Clinical Medicine*, etc., etc. This number (Sept., 1871, Vol. 5, No 1,) contains "The future science of homœopathy; a proving of *Cannabis indica*; Puerperal Convulsions," and a number of other interesting papers. The article on page 21, by Prof. Henry Noah Martin, on *Scarlatina*, is quite readable, but we are surprised to find the word *scarlatina* spelled *scarletina* in every instance where it occurs.

The "*American Journal of Homœopathic Materia Medica and Record of Medical Science*," has certainly improved in appearance, and we shall always welcome it to our table. We trust Prof. Thomas, the new editor, will have all the success in its management that he expects. Will he permit us to suggest that as the Journal will now be less distinctively a *Materia Medica* journal, that its name might be changed, and that a title of less than eleven words would be more convenient.

Transactions of the Homœopathic Medical Society of the State of New York, for the year 1870. Vol. VIII. Albany, N.Y.

This volume arrives Nov. 1st, just as we are making up the present number. We can only at this time speak of its general appearance. It is an octavo volume of 842 pages, with a large number of finely colored illustrations. It doubtless contains a rich collection of homœopathic literature, and we hope to find space hereafter for reference to several of the articles.

Transactions of the Fifth and Sixth Annual Sessions of the Homœopathic Medical Society of the State of Pennsylvania. 1870—1871.

This forms a pamphlet of 268 octavo pages, with a table of contents which shows that the members are active workers.

Pharmaceutical Observations.

PARCHMENT PAPER AS A FILTERING MEDIUM.—By Charles R. C. Tichborne, F. C. S.,* etc. The Bunsen filter is now well known and familiar to most manipulators. It merely consists of a funnel and filter connected with an air-tight vessel, in the interior of which a partial vacuum can be produced, either by a Sprengel or ordinary air pump; in fact, by any contrivance by which a downward pressure of some considerable power is exerted upon the fluid washing some precipitate, or upon a liquid it is desirable to filter quickly.

To give us the opportunity of doing this properly, it is necessary to have a nicely prepared support beneath the nozzle of the filter, to enable it to bear the considerable pressure to which it is exposed; the nozzle of the filter being the point of weakness. This is generally done by very carefully forming a little cone of platinum foil, which must exactly fit the bend of the funnel. If the fit is not perfect, it generally results in the breaking of the filter and the failure of the experiment. This is at once obviated, and the platinum nozzle dispensed with, by using parchment paper as a filter. Parchment paper bears, under such circumstances, any reasonable pressure; and yet it is a perfect filtering medium. As regards the strength, Dr. Hofmann says that it becomes five times as strong as the paper before it is parchmented; and I think that, when speaking of moist bibulous paper, it is no exaggeration to say its strength is increased at least twenty times.

In making the parchment paper for this purpose, the following method should be adopted. It differs very little from the ordinary one, except as regards a few precautions:—I use one part of pure sulphuric acid and one-half part of distilled water well mixed in a dish or shallow vessel. Where practical, this mixture should be ice cold and under no circumstances must it be used while it is warm. Pieces of Swedish filtering-paper should then be dexterously floated upon the acid, so as to bring every particle of the surface in contact with it. But it is not necessary to parchmentize both sides. The next point of importance after the cooling of the acid mixture is the quickness used in the washing, which must be thorough.

This paper, which has proved itself so useful to us for dialytic purposes, forms the most perfect filtering medium, if properly managed, with which I am acquainted. Although, under ordinary circumstances, it is nearly impervious to fluids, they pass through with perfect facility under pressure.

* Pharm. Journ. and Trans.

The structural change produced by sulphuric acid upon cellulose is the converse of most of the other acids. Thus in paper converted into pyroxyline by the action of nitric acid the fibres are seen, when examined by the microscope, to be more or less contracted, and the result is a non-contiguous, or friable structure, covered with small holes; but in parchmentized paper the fibres are swelled considerably in bulk, and are converted into a colloid or gelatinous substance, which, although slowly pervious to fluids, is very homogeneous in texture, and hence its strength.

In Bunsen's original paper he speaks of the difficulty of preventing filaments of the paper used from becoming mixed with precipitates. "Thus," he says, "another and an inestimable advantage springs from the peculiar condition of a precipitate filtered by this method,—the surface of the filter becomes injured and torn, so that the precipitates becomes mixed with the filaments of paper. Gelatinous precipitates (when washed under pressure) adhere to the filter in a thin coherent layer, and may be removed piece after piece so completely that the paper remains perfectly clean and white. Now parchment paper is of that nature that it might be scraped with a knife or brush, without invalidating a quantitative analysis.

Parchment paper would be perfection for filtering by pressure; but, alas! it has one drawback. The practical difficulty is in making the filter lie close to the funnel, so as not to permit atmospheric air to pass down by the side, instead of exerting its pressure upon the surface of the liquid in the filter. This difficulty is removed by placing an inner filter of ordinary filtering paper larger than the parchment paper one; therefore, the latter should be thin, and only treated with acid on one side. It is for this reason that parchment paper may be used more advantageously in a Bunsen filtering apparatus made on the principle of a percolator—the bottoms of the upper vessel being covered with good strong paper, strengthened with muslin; such an apparatus as this is applicable to many purposes, such as quick and thorough exhaustion of a powder by any menstruum, or the separation of crystals from a viscid liquid.

VEGETABLE CARBOLIC ACID.—We read (Druggist's Circular) that a plant called the *Andromeda Leschenaultii*, growing in the Neilgherry hills, in India, has been found to yield carbolic acid. Mr. Broughton, the Government medical officer for the district, reports that it is far superior in purity to the ordinary product of coal tar, being less deliquescent and free from any admixture of noxious concomitants. As its cost is far above that of the mineral product, and as the latter can be chemically purified, the discovery has no economical or commercial value; but it is interesting as a botanical and chemical fact.

ANHYDROUS GLYCERINE.—Mr. Eberhard has called attention to the power possessed by absolutely anhydrous glycerine of withdrawing water by an exosmotic process from tissues to which it is applied. Marion Sims some time ago demonstrated that a ball of lint dipped in glycerine and applied to a freely suppurating surface arrests the secretion. Furst has also applied the glycerine plug in a large number of cases of *fluor albus*, and M. Eberhard states that he has been very successful in applying the same means in similar cases.—CHEMICAL GAZETTE.

Diseases of Women and Children.

THOMAS NICHOL, M. D. MONTREAL, CANADA, EDITOR.

ON THE ACTION OF LEAD UPON THE UTERUS

BY D. DYCE BROWN, M.A., M.D. *

In the last number of this Journal Dr. Dudgeon, in appending some remarks upon a very interesting case cured by *Plumbum*, says, "Though there is no actual proving of *Plumbum* there is no substance whose general physiological action is better known to us through the recorded cases of poisoning." If I am not mistaken, however, its action on the uterus, which I shall now show is very decided not is generally known, or, if it were, we should find it having a leading place among uterine medicines. From what I have seen of homœopathic literature, it is never, or almost never, made use of as a uterine remedy, and I, therefore, have thought it might not be amiss to draw the attention of the homœopathic portion of the profession to this important point.

Before quoting the scanty allusions to its uterine action to be found in homœopathic works on *Materia Medica*, I shall make extracts from a very interesting and valuable article in the eighth volume of the 'Transactions of the Obstetrical Society of London,' entitled, "On the Influence of Lead-poisoning in producing Abortion and Menorrhagia, with cases," by Benson Baker, M.R.C.S., District Medical Officer of Christ Church, Marylebone.

Mr. Baker says, "The subject of lead-poisoning in producing abortion and menorrhagia has received but little attention in this country. I am indebted to Dr. Graily Hewitt for having

* British Journal of Homœopathy, October, 1871.

35 November.

my attention directed to it. In his recent work *On the Diseases of Women*, he says, 'Menorrhagia may be present in cases of lead-poisoning. It was first pointed out by Paul, in the *Archives Generales de Medecine*, that abortions are very frequently observed in women subjected to the influence of lead, and also in the same class of cases menorrhagia is very common. I have observed cases the facts relating to which are quite confirmative of Paul's statements. The subject of the influence of lead-poisoning in thus inducing menorrhagia is both novel and important.' The above is all the information that I have been able to collect on the subject from the medical literature of this country. I have therefore consulted M. Paul's paper, and from it have gathered some important facts, which are more or less substantiated by cases that have come under my own observation. M. Paul says, 'The first time my attention was drawn to the subject was in the month of February, 1859, when a woman that worked at cleaning printer's types applied at the Hospital Necker, suffering from menorrhagia. Coupled with this menorrhagia she also had the ordinary symptoms of chronic lead-poisoning. I learned from her that, previous to her present employment, she had been delivered of three healthy children at full term, still alive; but since her employment as a type-polisher she had suffered much from ill-health. Three months after taking to this employment she became tainted with lead-poison, and suffered from painter's colic. Four years later she had a second attack of colic, and suffered intense pain; shortly after she became pregnant, and was delivered of a dead child. Three years elapsed and she had a miscarriage at the fifth month of her pregnancy. Besides these two cases of pregnancy, she had become eight other times pregnant, and each time, after a short suppression of the menses and the delay of two or three months, she miscarried, characterised by an abundant menorrhagia, and accompanied with colicky pains at the time.'

'This patient also informed M. Paul that all the other females employed in the establishment suffered more or less from menorrhagia. Struck by this remarkable coincidence, M. Paul has collected the histories of 81 cases; and he has come to this

conclusion, that not only has the absorption of the lead-poison by the mother an influence on the offspring, but also, if the father be tainted with lead-poison, we may expect to find it influencing the foetus in utero, or the child when born. He gives a few cases of abortion and menorrhagia occurring where the women had nothing to do with the lead in any form whatever. He affirms that the effects of lead are not only manifested by the symptoms generally recognised, but also (1) by the occurrence of severe hæmorrhage, which he considers as abortions in many cases, but which it is difficult to prove, although the signs of pregnancy have existed for some time. (2.) By recognized abortions, occurring between the third and six months of pregnancy. (3.) By premature delivery. (4.) By the death of the children within the first three years of their life. M. Paul gives in detail the history of four women who were married after having become tainted with lead-poison. These he calls the first series of cases, and from an analysis of them we obtain the following results. These four women had 15 pregnancies, distributed as follows, viz: 10 abortions, occurring between third and sixth month; 2 premature births, the children dying soon after birth; 1 child stillborn; 1 delivery occurring at the full period, but the child died the same day. Out of these 15 cases, only one child was born alive, that did not show any symptoms of a lead-diathesis. Then, in order to prove that these cases were not merely remarkable coincidences, he gives the history of five women who had given birth to nine children before they were subject to the influence of lead poisoning; the children were healthy and alive. Neither did the mothers suffer from any menstrual irregularity; but after going into the type-cleaning works, they had together 36 pregnancies, distributed as follows:—26 abortions, from the second to the sixth month of pregnancy; 1 premature birth, the child dying soon after; 2 children stillborn; 7 at full term, of whom 4 died in their first year, 1 in his second, and only 2 still alive, 1 of whom is very delicate and anæmic. This he calls his second series of cases. What he gives under the head of the third series is only a single case, viz: that of a woman who, after having 5 abortions, left the type-polishing work, and

having recovered from the effects of lead-poisoning, gave birth to a healthy child, still living. Under the fourth series he relates the case of a woman who left the works for a time and then went back. It appears that during the time she was under the influence of lead-poisoning she frequently aborted, but during the interval she was absent from the works she gave birth to a healthy child. "The father," says M. Paul, "has a greater influence upon the offspring than is generally supposed. In support of this hypothesis he mentions the cases of 7 women who had nothing to do with lead whatever, but whose husbands were subjected to its influence. These seven women had together 32 pregnancies, resulting as follows:—11 abortions, 1 still-born child, 8 full-term children, which died in their first year, 4 that died in their second year, 5 that died in their third year, and 2 "only that are now alive, one of them only being twenty-one months old. . . . M. Paul makes a few remarks on the cases of some women who gave but slight evidence of lead-poisoning. Out of 29 pregnancies thus observed he has collected the following results, viz: 8 abortions, 1 premature birth, 12 at full term, which died in the first year of their life, 8 children still living."

Mr. Baker then proceeds to give the following cases which came under his own notice:—

"Mrs. S., æt. 34, of a dark and rather sallow complexion, and of delicate appearance; rather below the middle height. She was in poor circumstances, and consequently had to help to keep her family by washing. I was called in to see her, September, 1864. About two years previously she had been an out-patient at St. Bartholomew's for some chest affection. She is the mother of four children, She had miscarried once previously, owing to a severe fright. After that she became pregnant, and was delivered at full term of her youngest child. Her husband was formerly a plasterer and gilder, but not getting employment in that line of business, he has for the last two years been engaged in the painting trade. During the two years he has suffered seven times from painter's colic. His wife has been in the habit of washing his clothes, and she complained that the smell made her sick, and since her husband

has followed the painting trade, she has never felt well. Before she became pregnant she observed that her menses were more profuse than they had previously been. On the 22nd September she was suddenly seized with labor pains, and she lost a great deal of blood. The next morning I saw her; her pulse was feeble, and she was blanched. Those who were in waiting had thrown away the contents of the utensil, and with the clots, I presume, the embryo. On making an examination per vaginum, I found the os uteri dilated about the size of a florin, and the secundines protruding through the os uteri; the cervix uteri was contracting tightly, and retained the placenta. I introduced my finger into the uterus and removed it. I made every inquiry of the woman as to the cause of the miscarriage, but she could assign none; and I was at a loss to discover the cause until I examined the gums, when I found the pathognomonic sign of the presence of lead-poisoning. She had advanced to the third or fourth month of her pregnancy.

“In this case there was persistent menorrhagia for five weeks, and as far as I could ascertain there was not any cause for it, except the lead poison. I found that the local applications of cold and astringents failed to check the menorrhagia, and it was not until I treated the woman for chronic lead-poisoning that I succeeded in restoring the uterus to its normal functions. I may mention that at first the hæmorrhage seemed to be increased by the *Iodide of Potassium*, but that afterwards it subsided.

“My next case is as follows:—In May last I was called to see Mrs. W—, a painter’s wife, who was dying from flooding. I found the bed saturated with blood, and it had run on to the floor; the fœtus was hanging half way out of the os uteri, and a stream of blood was pouring away. I removed the fœtus, and induced the uterus to contract. This was the fourth time she had miscarried. She had suffered from painter’s colic five or six times; had only been married two years, and never was in health when her husband was at work among the paint. She could give no reason for the present miscarriage, nor for the previous one. I examined the gums and found a faint blue line. This woman was some time before she got round. I

advised the husband to obtain some other employment. He has gone into the police ; and I hear that his wife's health is decidedly improved, and she has now advanced to the fifth month of her pregnancy."

Mr. Baker mentions, without detail, a third case, where, however, there was syphilis on the father's side, so that he draws no conclusion from it.

Before making any remarks on the above, I shall bring together what we find in homœopathic writings on the subject.

In Jahr we find, given as its pathogenetic action, "Leucorrhœa—Abortion." There is no hint of its use therapeutically, except a very feeble one. We find in the repertory volume, under "Abortion," fifteen medicines in a primary list, and in a secondary list of eighteen others, *Plumbum*.

In Hempel's *Mat. Med. and Therap.*, vol. 2, we find the following :—"Lead causes pulling, tearing, and contractive pains in the . . . uterus, also in the vagina and breasts. .

. . . We know that lead causes sterility; hence in a condition of the female organism indicating general symptoms of marasmus, when sterility constitutes a prominent symptom, we may recommend lead for sterility, more particularly if this seems to have resulted from, or if it was preceded by, frequent miscarriages, and a cachectic state of the system has been the result of these frequent losses. It is well known that women who live in silver-ore smelting huts become disposed to miscarriages." (p. 342.)

Dr. Dudgeon has kindly given me the following reference from Noack and Trinks, under *Plumbum* :—"Labor-like pains in uterus and vagina. . . . Abortion in women is very frequent and habitual when when they reside for some time in the cottages of the lead miners (Silberhiitten). Cows, sheep, and goats feeding on forage in the neighborhood of lead-mines, frequently cast their young prematurely with bloody urine (Sonder in *Caspar's Wochenschrift*, 1836, No. 2)."

The above facts prove very distinctly a marked action of lead upon the uterus. The death of the fœtus, which we have seen is so frequent, might be thought to be the result of poisoning transmitted through the mother, especially as we have

seen that the children which are born alive at the full time of mothers who are under the influence of lead, die early in life, in far above the average proportion of children. But I do not think that, looking at the facts, this will alone explain the results. Besides the mere death of the foetus, menorrhagia is a very frequent condition in women exposed to the influence of lead, while contraction and labor-like pains are produced. M. Paul and Mr. Baker look upon many of the attacks of menorrhagia as unrecognised abortions. This may be the case in some instances, but it cannot possibly explain the majority, as it would seem to occur in single as well as married women, engaged in lead-works, all of whom, according to the statement of one patient, suffered from menorrhagia. Nor would it account for the profuse and long-continued hæmorrhage after delivery. We must then admit that lead has a specific action on the uterus, independently of the poisoning of the foetus. This being the case, though hardly ever, as far as I am aware, prescribed by homœopaths in such cases, it ought to be of value as a medicine. It ought to be useful in menorrhagia, in profuse lochia, and in threatened abortion with or without hæmorrhage, and still more in recurrent abortion. In bearing down and contractive pains in non-pregnant women it would perhaps also prove useful.

This view of the subject also brings out an interesting point, namely, that allopaths, in prescribing *Acetate of Lead* in menorrhagia, and in threatened abortion with hæmorrhage, are really, without being aware of it, practising homœopathically. *Lead* is a very frequent prescription of theirs in such cases, generally combined with *Opium*.

Although we have several most reliable medicines for these states, yet we are all the better of this addition to our *armamentarium*, and its neglect hitherto is my apology for the present contribution.

OBSTETRICAL CLINICS.—The *Medical Record* says that the late Prof. Gunning S. Bedford, M. D., was the first professor who ever held in the United States an obstetrical clinic. It is estimated that annually 10,000 poor patients gratuitously received medical treatment at his hands.

American Observer.

EDWIN A. LODGE, M. D., GENERAL EDITOR.

PUBLISHER'S REGULATIONS.

1. ALL SUBSCRIPTIONS COMMENCE with January number of each year, so that each subscriber receives a complete volume of *over 600 pages*. Subscriptions are not taken for parts of volumes. (Single numbers 25 cents each.)

2. ALL SUBSCRIBERS ARE CONSIDERED PERPETUAL in the absence of notice to discontinue. Discontinuances should be notified by return of numbers not paid for, marked across them "*Declined*," with name. If name is not given distinctly, mistakes cannot be avoided.

3. THE PRICE TO THOSE WHO PAY IN ADVANCE IS TWO DOLLARS. If payment is delayed for six months, \$2.50 may be charged, and \$3.00 at end of year. *Advance payment of Two Dollars is preferred.*

4. CLUB RATES.—For Five subscribers, \$ 8 50
 For Ten subscribers, 15 00
 For Fifteen subscribers, 23 00
 For Twenty subscribers, 28 00

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6. REMITTANCES ARE NOT AT PUBLISHERS RISK, unless sent by postal orders, or in registered letters.

7. POSTAGE. The postage on the OBSERVER is *twelve cents per year*, to be prepaid quarterly by the subscriber at the Post Office where it is received.

8. PREMIUM OF SEVENTY-FIVE CENTS, in Books or other goods, will be paid for each NEW CASH SUBSCRIPTION at \$2.00 obtained by any old subscriber or student.

9. ADVERTISEMENTS should be sent by the tenth day of the preceding month. Transient advertisements must be accompanied by Cash, (One dollar and a half for each hundred words.)

10. CLUBBING WITH OTHER JOURNALS. Only one dollar and-a-half will be charged for the *Observer* when taken in connection with any other magazine, and subscription for both paid in advance at this office.

11. BOOKS OF ANY PUBLISHER will be promptly mailed to subscribers at publication price, *without charge for postage.*

12. CONTRIBUTIONS should be sent to the Editors direct. Contributors will please to write on one side of paper only, and remember that preference is *always* given to *practical* articles. Rejected articles will be returned if postage is paid.

NOTE FROM GENERAL EDITOR.

Our readers have remarked the improved appearance of the *Observer* of late, and we desire to inform them of our present plans and prospects.

We have resumed our own printing office, which gives us the following advantages:

I. NEW TYPE. We have purchased large fonts of type, from the best foundries: The letter is called "Old Style," and when a single letter is examined its form may not be admired, but it will be quickly noticed that the general effect of the

printed page is good, and that it is much more easily read than the letter of modern face.

2. We shall now be able to control the time of publication, and issue the *Observer* promptly by the first day of each month. We always succeeded in getting our journal printed regularly and punctually when we printed it before, and we may depend upon being able to do so again.

3. In the printing offices where new hands are employed every month, and ignorant apprentices are given medical matter to set up, the most provoking blunders are made. We have been frequently annoyed at reading so-called "revised proofs," with more mistakes than the first proofs of our own compositors.

4. A small quantity of old type has been used on this November number; the last set up by our former printers. The December number will be made up entirely of new type, and by January we hope to have a better cover.

5. For 1872 we have many improvements in view, and are promised the assistance of many of the best writers in our ranks.

6. Illustrated articles will be continued, and we shall endeavor to improve in the style of the illustrations, from month to month.

7. Better paper will be employed for outside cover for January and thereafter, and the inside paper will be of fine quality.

All these improvements involve large outlays of money and much labor. In return, we ask from our friends specially three things:

1. Regular contributions to our pages, of practical articles, items of intelligence, etc., etc., etc.

2. Prompt remittance of subscription price. By our terms, \$2 in advance, \$2.50 at six months, and \$3 at end of year, those who have not yet paid for 1871 owe three dollars; but if they will send us postal money orders, or bankers drafts on Eastern cities, to our order, for four dollars (\$4), we will immediately return receipt for this year *and next* (1871 and 1872).

3. The favor of introducing the *Observer* to the notice of those who do not now subscribe for it. If each of our present

subscribers will take a little interest in extending our subscription, we shall be enabled to make our *ninth* volume far superior to any that has preceded it.

We have a talented corps of co-laborers and correspondents. With their assistance, by the exercise of such energy as we possess, and by regular and persistent effort, we hope eventually to arrive at the standard of excellence to which we aspire.

E. A. L.

MICHIGAN HOMŒOPATHIC COLLEGES.—A circular announcing the establishment of a Homœopathic College at Detroit will be found among the advertising sheets of the present number. Another Homeopathic College has been commenced at Lansing. These are both individual enterprises, probably looking to eventual recognition by the University, and both are likely to seek for legislative assistance. Neither, as now organized, in our humble opinion, can command the support of a majority of the homeopathic physicians of the State. We need unanimity. We should waive our private preferences for the common good. United we could have reaped a measure of success years ago. We know that the factious opposition of a dozen impracticable men postponed our actual connection with the University indefinitely. A further division of our forces now will bring us defeat and ridicule.

CARD FROM HOMŒOPATHIC PHYSICIANS OF DETROIT.—We the undersigned Homeopathic physicians of Detroit, believe that the efforts now being made to establish Homeopathic Medical Colleges in this City, and at Lansing, are premature and subversive of the best interests of Homeopathy, take this method of notifying our colleagues, and all others interested, of our views.

We would also most respectfully recommend our medical brethren throughout the State, to withhold all countenance and support of any, and of all such schemes, until such times as the Board of Regents shall be legally authorized to establish such a branch of the Medical department of the University of Michigan, on an equal footing, in all respects, with that already existing at Ann Arbor; and, until the voice of the profession demands its establishment.

THOS. F. POMEROY M. D.

WM. R. GORTON M. D.

E. H. DRAKE M. D.

CHARLES HASTINGS M. D.

HOMŒOPATHY IN THE UNIVERSITY OF MICHIGAN.—A meeting of the homœopathic physicians of Detroit and vicinity, was held at the office of Dr. Drake, on Wednesday eve., Nov. 1st, 1871. Dr. W. R. Gorton chairman, Dr. E. R. Ellis, secretary.

Dr. E. H. Drake stated the object of the meeting to be the consideration of the University question, particularly the propriety of organizing a homœopathic college at Detroit, at the present time.

Dr. E. R. Ellis remarked that, himself and friends were laboring to establish a college at Detroit, that they were encouraged to do so by the Regents and expect that this college will be eventually recognized as a branch of the University.

Drs. F. Woodruff and T. F. Pomeroy considered such action premature and unauthorized.

Dr. Spinney favored the plan of the Detroit College. He had worked with Dr. Thayer and others to head off all plans for anything outside of Ann Arbor, under a promise that they would abide by the decision of the Supreme Court; that if they failed to get a favorable decision, he would unite with the majority who favored a branch of the University. Since we did not succeed in getting the Supreme Court to compel the Regents to fill the chair at Ann Arbor, he (Dr. S.) was willing to work for a homœopathic branch here.

Dr. Lodge gave his views briefly. If we could have obtained the appointment of a homœopathic professor to the chair at Ann Arbor, we should have been satisfied. With the concurrence of the board of Regents, the single professorship at Ann Arbor would have been a success. It is desirable that this long controversy shall be settled, but as it is a public interest, one in which over 300 homœopathic physicians of the state are especially interested, no plan of adjustment should be acted upon until the consent of a majority of the homœopaths of the state is obtained.

Dr. Drake favored the submission of the plans of the friends of the Detroit Homœopathic College to the profession of the State. If they concurred, then he would favor it.

Dr. Younghusband expressed his willingness to have the matter so submitted, and said that a "Circular" explaining the plans in full, was just about to be submitted to the profession.

Dr. Woodruff objected. We do not want to consult the doctors about it. He and his party were determined to purify the medical department of the University, and would accept no compromise.

Dr. Pomeroy spoke to the same effect, and said that he was called to attend this meeting for the purpose of "squelching" this Detroit enterprise, and if this was not to be done, then he had no further business here.

No resolutions were passed, and no definite action taken, and at a late hour the meeting adjourned, sine-die.

LANSING HOMŒOPATHIC COLLEGE opened on Wednesday eve., Nov. 1st, with twenty-five students, nine being women.

CHICAGO CONFLAGRATION.

CHICAGO, Oct. 20, 1871.

EDITOR OBSERVER: Knowing that the readers of the OBSERVER would like to know how much the interests of homœopathy suffered by the great fire. I will give you such information as I possess.

Hahnemann College was situated out of the limits of the conflagration and escaped, together with Scammon Hospital, which is connected with it. The students, to the number of fifty who had already gathered there, stood their ground manfully, only two or three leaving. The Faculty assured the class that any loss borne by them, would be considered as the loss of the College. At this writing the class numbers seventy, with many others expected. The Scammon Hospital is filled with the sufferers of the fire. Its 40 beds are well attended by the hospital staff. The chairman of the Committee of the Bed and Relief Society, placed Dr. Ludlam on the Committee—all the rest being allopaths. At a recent meeting of homœopathic physicians, a committee was appointed to receive and disburse the proffered aid of the homœopathic physicians of other cities and towns. That committee consists of Drs. Small, E. M. P. Ludlam and Grosvenor, one from each division of the city.

Of the fifty homœopathists of the city, forty suffered more or less by the fire. Drs. Small, Hale, Mitchell, Beebe, Boardman, Miller, Danforth, Woodyatt, Wilbur, and many others lost their offices with libraries, medicines, etc. The greatest sufferers were Drs. Nute, Hedger, Cooke, Grosvenor, Gilman and Fellows, who lost everything; houses, furniture, and in some instances horses and carriages, and barely escaped with their lives.

Both pharmacies were burned, neither saving much of value except instruments. But both are alive. Halsey's starting on State Street, and the "North Western" on Wabash Avenue.

In consequence of the injury to the water works the city had to use the water from the shallow margin of the lake. This water was quite impure, being loaded with organic matters in a state of decomposition. The use of such water caused a peculiar type of dysentery. In adults it resembled malarial enteritis, attended with chills, fever, pains in the limbs, discharges of bloody mucus, etc. I have found Merc. cor. 6th, and Baptisia the best remedies. In children there was generally more gastric irritation, and Ipecachanha had to be used with the above remedies.

Although Chicago has been devastated by the most destructive fire ever known; destroying 20,000 buildings; desolating 2,600 acres of closely built ground; and annihilating \$200,000,000 of property, its citizens do not despair.

All are firm in the belief that it will be rebuilt with more than its former beauty, and wealth, in less than five years. I forgot to mention that Rush Medical College, (Allopathic) Bennett College, (Eclectic) and the Woman's Hospital College—were all destroyed.

Yours truly,

E. M. HALE.

CHICAGO, Oct. 11, 1871.

EDITOR AM. OBSERVER: I am requested to inform the profession through you of our situation. In the devastation that visited our city on the 9th and 10th, our fraternity were not exempt.

With the business part of the city was also destroyed the offices of most of our physicians; these were Drs. Small, Burt, Hale Bros., Beebe, E. M. P. Ludlam, Cooke, Danforth, Woodyatt, Davies, Miller, Keck, Kneipcke, Miller, Boardman, Stout, Mitchell, Woodbury, Dodge, Hartuple, Woodward, Lord, Beach, Cheney, Colton, Rawson, Ogden, Hoyne and Duncan. Some lost all their office furniture, libraries, medicines, and instruments, others lost less heavily.

Drs. Hedges, Grosvenor, Cheney, Fellows, Ulrich, Cooke, Gilman, Braun and Keck, residing on the north side were burned out of their homes. The business of all is more or less deranged, and worse than all, money will be scarce with us. How Drs. Braun, Keck, Ulrich and Fellows fared we have not yet learned. Dr. Cooke had to move four times. Dr. Hedges lost his house just getting out his effects. Dr. Cheney with a paralyzed son also escaped and has left the city. Dr. Grosvenor has also left,—so I was informed.

Our two large pharmacies lost all their contents. Halsey Bro's reopen at 704 State street, Oct. 15. The North Western will resume, I learn, at 371 Wabash ave. Mr. C. S. Halsey's stock of publication plates, including Hale on Abortion, Douglass' Popular Homœopathy, Ludlam's Lectures, etc. also back volumes of the "Medical Investigator," and "United States" are all consumed. The Oct. "Investigator" was just being sent off, and the Nov. number was half in type; these were also consumed in the general conflagration. The Mss. I saved, and the "Medical Investigator" will appear as soon as the printers can get stock. The Oct. number of the "United States" was burned in the building. This will also appear as soon as possible.

The transactions of the Am. Institute was in press and also consumed. The copy was saved I believe, and will appear after a slight delay.

Hahnemann Medical College and Scammon Hospital are all right. The latter is filled with injured and burned. The College is in full blast, with a grand class, and plenty of surgical cases. The devastation, distress and suffering, no tongue can tell. 80,000 people were made homeless in a few hours, and many spent the first night in the open prairies. A cold rain set in, rendering their condition deplorable, many died. Several cases of births occurred, and many cases of intermittent fever, pneumonia, dysentery, pleurisy, etc. resulted. The hospitals are full of wounded and sick. How many were burned we shall never know. The churches are full of hungry, naked, sick and distressed mortals.

A systematic relief committee of M. D's was organized with Drs. Gilman and Evans, (Homœopaths) with the Board of Health at its head. This may not be agreeable to the allopaths, but we all work faithfully together

for the general relief of suffering humanity. Relief from other cities pours in rapidly. There is and will be great need for it.

Those writing the profession here, if the address is not well known, would do well to send (enclosing stamp) in care of Halsey Bros. 704 State street, or, yours fraternally

T. C. DUNCAN, 287 W. Randolph St.

P. S. If I get any items of interest to your readers you shall hear from me.

T. C. D.

SCAMMON HOSPITAL.

DEAR SIR: Having been appointed by Gen. Hardie of Chicago, to visit and ascertain the condition of the hospitals, in southern section of the city, and finding the Scammon Hospital sadly deficient in beds, bedsteads, and bedding, &c., and entirely inadequate in that and many other regards to meet the demands made upon it by the sick, wounded and burned in the late fire I so reported to the Military Department. I was then referred to the Relief Committee of the city, and obtained relief in that respect, so far as mattresses were needed, but could get neither bedsteads, sheets, pillow slips, bandages, nor various other things necessary to the comfort and convenience of its present and prospective inmates, as such were scarcely to be found in Chicago, and had not been sent in to us from abroad.

The subject was then referred to the Medical department of said Committee, of which Reuben Ludlam M. D., (Homœopathic,) and H. A. Johnson M. D., (Allopathic,) are members, who heartily sanction by official documents the solicitation of aid from abroad on this behalf.

Therefore any contributions from the humane of your city or elsewhere, in reference to this subject, will be gratefully received, and may be forwarded to the Scammon Hospital, Chicago, to the care of J. S. Mitchell M.D., or Reuben Ludlam M.D.

T. RIKER NUTE, M. D.,

Especially commissioned to make solicitations for said object.

MILITARY TRACT HOMŒOPATHIC SOCIETY.

At a regular meeting of the Military Tract Homœopathic Society, held in Galva, Ill., Tuesday, Oct. 3, 1871, Vice Pres. N. C. Anthony took the chair. Minutes of previous meetings were read and approved. The Chair appointed a board of Censors consisting of Drs. Miller, Cowperthwait and Stillman, and upon their recommendation R. H. Pratt M. D. of Altona, was received to membership. The Secretary read letters from Drs. Potter of Maquon and Bishop of Moline. Both gentlemen expressed regret at their enforced absence. Dr. Potter introduced to notice of society a gentleman who desired to present two sons for examination and treatment. Dr.

Bishop detailed some cases of intermittent fever with treatment, which gave rise to general and extended discussion. At 12 M. Society adjourned until 2 P. M.

Upon reassembling by request of Dr. Bacmeister, Dr. Anthony continued to occupy the chair. Cases above mentioned were examined, and also the case of a little girl to whom attention of society was called by Dr. Miller. Interesting papers were read by Dr. Bacmeister on prevailing diseases of season. Dr. Parsons on alternation of remedies, and Dr. Stillman reports from Bureau of Diseases of Women and Children. Discussion followed each of these, and the papers were ordered placed on file. Verbal reports of cases were also made.

An amendment to Act 1st, of By-Laws was adopted as follows: "The association shall hold its meetings semi-annually, on the 1st Tuesday of December and June, of each year." Galva was selected as place of next meeting, Dec. 1871.

Election for Officers for ensuing year resulted as follows:

E. Parsons, M. D.	Kewanee,	President.
T. J. Merriman, M. D.	Aledo,	Vice President.
W. D. Stillman, M. D.	Lewistown,	Treasurer.
J. Harts Miller, M. D.	Abingdon,	Secretary,
R. H. Pratt, M. D.	Altona,	Cor. Secretary.

Report of Treas. last year was read and accepted. Bill of Sec. for stamps and stationery was allowed, and ordered paid. Society adjourned.

J. HARTS MILLER, M. D. Secretary

ADVERTISING.—[American Newspaper Reporter.] It's as true of advertising, as of anything else in this world—if it is worth doing at all, it is worth doing well.

You can't eat enough in one week to last a whole year, and you can't advertise on that plan either.

A large advertisement once, and then discontinued, creates the impression that the thing has fizzled.

Injudicious advertising is like fishing where there's no fish. You need to let the lines fall in the right place.

If you arouse curiosity by an advertisement it is the great point gained. The fair sex don't hold all the curiosity in the world.

People who advertise once in three months, forget that most folks can't remember anything longer than about seven days.

OPIUM HABIT.—A correspondent desires information concerning the best means to be employed to break up the habit of opium eating. We will gladly print any practical papers on this subject that are sent to us.

VARIOLA AT PHILADELPHIA.—Small-pox has been prevailing in Philadelphia to such an extent that the residents are greatly alarmed. One physician there vaccinated over one thousand persons during the month of October.

New, not Old.—A little four-year old boy sat alone on the piazza, when a new physician came to see his sick mother. The doctor naturally wished to make acquaintance, and said, "How old are you my son?" "I'm not old, I'm new," said the boy.

Muscles.—An invalid at the seashore is trying to get his strength by eating muscles.

Personal Notices, etc.

Holcombe.—Dr. W. H. Holcombe is preparing for the press a new volume of poems entitled "Southern Voices." A glance at some of the proof sheets gives evidence of a work of positive merit.

Lilienthal.—We have several excellent translations in type, by our esteemed colleague, S. Lilienthal, M. D.

Severance.—C. L. Severance, Medical Student, sends us a paper entitled "Our First Work," for which we hope to find space in December number.

NECROLOGICAL.

Johnson.—On October 23d, at Bay City, Michigan, ALLIE, daughter of Norman Johnson, M. D., and Sarah L. Johnson, aged 4 years, 1 month and 21 days.

"She died in beauty, like the rose
Blown from its parent stem;
She died in beauty, like a pearl
Tropped from some diadem.

She died in beauty, like a lay
Along a moonlit lake;
She died in beauty, like the song
Of birds among the brake.

She died in beauty, like the snow
On flowers dissolved away;
She died in beauty, like a star
Lost on the brow of day.

She lives in glory, like night's gems
Set round the silver moon;
She lives in glory, like the sun
Amid the flowers of June.

Payne.—Dr. M. N. Payne, of Dover, N. H., died July 15, 1871, very suddenly.

Mrs. M. E. Sawyer, of Dover, writes: "Dr. Payne had been a resident of Dover, about six years. During this brief time he had steadily gained in the confidence of the people till at the time of his death he had a very extensive and very successful practice. The secret of Dr. Payne's great success here is to be found in the genius of the man, and his untiring devotion to his work. He had great natural talent, a fine education, and large experience. A most sincere believer in the system of medicine he practiced, he devoted to it all his energies, sparing no labor, time, or trouble. He gave his first attention to his medicines, believing that his success depended in great measure upon their purity and strength, all his care was devoted to securing the best to be obtained."

REMOVALS.

McCORKLE.—Dr. T. N. McCorkle, from Naples, Ills., to Clayton, Ills.

BURT. Dr. W. H. Burt, from Lincoln, Ills., to Chicago, Ills.

SMALL.—Dr. A. E. Small Jr., from Chicago, to Lincoln, Ills.

YOUNGHUSBAND.—Dr. L. Younghusband, from Romeo, Mich., to Detroit.

SPINNEY.—Dr. A. B. Spinney, from East Saginaw to Detroit, Mich.

HAYWARD.—Dr. A. Hayward, from Romeo to Mt. Clemens, Mich.

LOCATIONS.

Ithaca, Gratiot Co., Mich., write to S. I. Thøenen, Esq.

Adrian, Lenawee Co., Michigan.

Northville, Wayne Co., Michigan.

Saranac, Ionia Co., Michigan.

Harrisville, Alcona Co., Michigan.

Romeo, Macomb Co., Michigan.

Translations from Foreign Journals.

S. LILIENTHAL, M.D., NEW YORK CITY, EDITOR.

HYDROCEPHALUS DURING NEPHRITIS CHRONICA INTERSTITIALIS.

BY PROF. DIESTERWEG.

M., IX para, was brought into the lying-in hospital, June 11th, 8 A. M. She suffered from no ailments during her pregnancy, when suddenly on the morning of the 9th severe labor pains set in. At 2 P. M. the liquor amnii was discharged. Henceforward severe continuous pains with irregular intervals, no sleep. After passing thus 48 hours in her own house, she was brought into the asylum.

The parturient woman felt exhausted at her arrival and complained of severe backache. The measurement of the different pelvic diameters gave nothing abnormal, and she related that all her other eight labors were easy and natural.

Status Præsens: 1 A. M. Abdomen enormously distended; fundus uteri closely above the navel. Parts of the foetus may be indistinctly felt in the left side; foetal heart sounds dull on the right side of the abdomen; os uteri soft, standing high, and closely embracing a tense body, showing great elasticity to the pressure of the finger, but it does not feel to the touch like bone. The head rests high up on the upper strait. The tense elastic body is the large fontanelle and immense hydrocephalus is therefore diagnosed, and next indication is the extraction of the head. Though 1900 Ccm. (64 fluid ounces) were discharged and under severe labor pains, large quantities kept trickling away, the head still failed to pass the strait, and the question arose, how to finish labor. *Diesterweg* considers it best in such cases to abstain from forceps or cephalotribe and prefers turn-

ing, having constantly observed, that whenever there is a disproportion between foetus and pelvis the succeeding head passes easier through the pelvis than the preceding one. He therefore grasped the right foot, turned, extracted the lower extremities and the trunk and brought the head easily into the world. Placenta immediately followed and showed nothing abnormal.

The male foetus, perfectly developed, measured 53 Ccm. in length, and weighed $8\frac{1}{4}$ pounds after deducting the 2,000 Ccm. of fluid, which was discharged. The puncture was in the large fontanelle, and no bone appeared injured.

Dr. Diesterweg remarked, that in most cases a precise diagnosis of hydrocephalus is difficult, but the operative indication is clear. In one case, where he was called in consultation, it seemed impossible to come to a diagnosis. After a fruitless effort to apply the forceps, version was made, and the foetus extracted up to the shoulders, but the head remained tightly wedged in. Perforation led to no result, as only a small quantity of bloody cerebral substance flowed away. Only after repeated and difficult applications of the cephalotribe labor was finished.

The course of the puerperium of Mrs. M. was satisfactory in the beginning; next day the remarkably pale urine was examined and showed large quantities of albumen. The urine showed acid reaction, paler than usual, clear, free from any sediment, with a low specific gravity of 1,005. Circulation showed apex on fifth intercostal space about half an inch from the mamillary line, of moderate strength and normal circumference, but of abnormal resistency. Sounds of the heart clear and loud. The second sound of the pulmonary arteries and of the aorta greatly increased, Radial arteries are of moderate circumference, and abnormal tension. Percussion and auscultation of the lungs shows nothing abnormal; liver and spleen of natural size. Hydropic manifestation nowhere visible. Visual power normal on both eyes. Patient always enjoyed good health up to the latter months of last year. Since then frequently unwell and weak. As we could not get much of an anamnesis, we continued the daily examination of the urine, which averag-

ed a quantum of 1,900 Ccm. in 24 hours, and of a specific gravity of 1,005 to 1,007. Even after filtration of large quantities no morphotic elements could be found on the filter.

Diagnosis: Nephritis chronica interstitialis with consecutive hypertrophy of the left ventricle.

The first seven days of her puerperium passed without anything particular, so that she carelessly left her bed on the eighth day and walked about the ward. On the afternoon of the 9th day she was suddenly taken by a severe chill. In the evening T. 40.2, P. 120, R. 20. Patient complains of headache, thirst and loss of appetite, with severe pains in the joints of right hand and left foot. Any motion of the slightly swollen and reddened joints is extremely painful. Sounds of the heart loud. Systolic sound is accompanied over all four ostia with a long rough murmur, the loudest on the apex. Very stormy action of the heart. The painful joints were painted with Tr. Iodii, covered with cotton, and internally some simple Phosphoric acid given.

June 20. T. 41.4, P. 124, R. 28. Another chill, with vomiting. Complains of severe pain in splenic region. Percussion shows a large tumor of the spleen, which, with the chill, the vomiting, and the supposed endocarditis, setting in so suddenly, may be taken as the consequences of an hæmorrhagic infarct. R: Cupping over spleen, followed by hot poultices.

June 21. T. 39.2, P. 120, R. 28. Sleepless night; patient feels greatly exhausted. Stiches from spleen running up the back. Intercostal spaces between 7th, 8th and 9th ribs very sensitive to pressure. Strong pleuritic friction sound. The pains in the joints have passed off; the systolic murmur persists; lochia scanty and foul-smelling. R: Dry cupping on left side of dorsum; disinfecting injections. Sherry wine. In the evening, T. 40.7, P. 136, R. 32. Diffused intense painfulness of the abdomen, fearfully increased by palpation and percussion. Patient has light deliria and refuses all nourishment.

June 22. Morning. T. 40.6, P. 136, R. 36. Very restless night; now perfect apathy; respiration purely costal. Quick, superficial breathing; abdomen very painful; lochia extremely foul-smelling. Vesica full to bursting, and urine passed through

catheter. Urine still exquisitely pale and of low specific gravity—a state so frequently found in shrinking of the kidneys.

June 23. T. 39.4, P. 136, R. 48. Pallor faciei; dark cyanosis of the lips, hands and feet; perfect coma; secessus involuntarii; decubitus.

June 24. Extreme collapse and death.

Autopsy. June 26. Peritonitis diffusa suppurativa. Lymphangitis circa corpus uteri suppurativa. Thrombosis venæ spermaticæ sin. ulcera parva in vagina. Nephritis chronica interstitialis atroph renum granularis. Hypertrophia ventriculi sin. Endocarditis valvulæ mitralis recurrens. Infarctus hæmorrh. lienis. Pleuritis sinistra sicca. Arthromeningitis ad articulationem manus dext. at pedis sin.—*B. K. W., No. 40, 1871.*

S. L.

CASES OF SUICIDE.

I. A. B., 30 years old; a man of good circumstances, committed suicide by stabbing himself, first in the throat; he plunged then the carving knife in his chest, so that diaphragm and stomach were injured. Two more wounds were found in the chest, the knife remaining in the last one.

II. Anna S., 63, and sickly, stabbed herself with a knife, in the abdomen, and gave herself several wounds on the head with an axe, and tried, finally, to open the blood-vessels on the elbows. She lived for six days yet, and autopsy revealed three cranial wounds; one of the fractures even descending to the base of the brain. The dura mater was covered with pus; the pia suffused, and in its whole length, on the right side, covered with puriform exudation. At the base of the brain, the dura mater was raised up by pus and coagulated blood, at the place corresponding to the fracture. Such a case is of great judicial importance, as it shows that a person might inflict on himself fatal blows, and if the corpse of that woman should have been found in a secluded place, suspicion would have justly fastened itself on some outsider.

III. Franz N., cobbler, 64; sick and poor; shot himself with a pistol. Autopsy revealed a wound on the hairy scalp,

very close to the point of the occipital bone. The ball penetrated through the posterior horn of the left hemisphere, where it lodged. The brain substance was destroyed in the whole length of the cord and blood extravasated all through the brain.

S. L.

ON CHRONIC LEAD POISONING.

BY DR. HEUBEL.

Prof. Gasserow favors the view that the deposition of lead in chronic lead poisoning chiefly takes place *in the muscles*, producing the well-known muscular paralysis. Dr. Heubel experimented anew with dogs. The animals received with their food, (meat and bread,) in the first week, 0.2, 0.3 grm. plumbum aceticum, gradually increasing the dose to 0.5 grms. Larger doses would have injured the digestive organs. The dogs were allowed to drink water ad libitum. After a few doses there usually set in loss of appetite, increasing again in most cases, so that they sometimes took their last meal only a few hours before death. In some cases the digestive disturbances, with vomiting, diarrhoea and salivation continued. Took no food for 3-4 days, and thus also no lead; still the same quantity of lead was frequently found in the blood and organs.

All animals experimented with showed more or less emaciation, especially muscular atrophy. Where the digestion was greatly disturbed, the decrease in weight amounted even to 50 %. If they kept on taking their food, 20-30 %. The emaciation is therefore partly a consequence of disturbed nutrition.

Lead colic was not frequently observed, and if so, it set in suddenly. The dog, till then quiet, runs about the room howling and barking; tries to hide himself, or jumps on the window sill, as if it would run away; refuses food, strains to stool, without passing anything; tries to bite, and the tongue hangs out of the mouth. After half an hour it lies down again, eats as usual and drinks much. Such paroxysms are repeated in the same animal, whereas they are not observed in most animals.

Lead palsy was not observed, but with the general emaciation and a remarkable weakness (paresis) of the lower extremities.

Their gradual poisoning constantly produced, in the fourth or fifth week, an eclampsia saturnina. The animal suddenly fell down, with a loud cry, and became severely convulsed for half an hour to an hour; the convulsions lasting sometimes even several hours. The mouth was suddenly opened and then as suddenly closed again, with a copious flow of tough mucus from the mouth. Pupils are dilated and fail to react; reflex irritability is at a very low ebb; fæces and urine frequently pass involuntarily during the paroxysm. When free from spasms, the animal lies in a soporous or comatose state. The paroxysms mostly appear in the form of a heavy coma, with eclamptic spasms. After such paroxysms the animals may recuperate, but in most cases they are the forerunners of speedy dissolution. Diuresis was constantly greatly diminished, free from albumen; lead was only exceptionally found in it. Fæces were normal at first, but in later stages a most obstinate constipation prevailed. The stool dark, nearly black, of firm consistency, without being dry, and contained more or less large quantities of lead. Where digestive disturbances prevailed, the stools were more frequent and sometimes even more fluid.

Death mostly set in towards the end of the fifth week; when well fed, they lived for eight or nine weeks, in spite of the large quantities of lead consumed; but they did not live any longer, when they lost their appetite; though they took so much less lead.

Remarkable deeply penetrating alterations were never found at the obductions of these slowly poisoned animals; but still particular changes were constantly observed. The fat of the subcutaneous cellular tissue of the heart, omentum, around the kidneys, was nearly all gone. The muscles, especially those of the back and of the buttocks, were considerably atrophied, though normal in every other way. The brain normal, but the whole substance softer and more moist. The spinal marrow had an anæmic look, and was also softer. The organs of the chest normal. The heart did not suffer from the muscular

atrophy. The large vessels showed nothing abnormal; the intima was always perfectly intact; liver normal and unusually full of blood, whereas spleen, kidneys and pancreas appeared smaller and more anæmic; the gall-bladder full of dark green bile; the ductus choledochus permeable. The gastric mucous membrane of a light greyish-green shade, frequently wrinkled; the mucous membrane of the small intestines, its lower part, and the colon, pale grey, coated with copious tough slime.

For the determination of the quantity of lead in the different organs, they were carefully weighed, or of larger organs parts of them (60–50 grms.,) perfectly dried in the sand-bath and then carefully carbonized. The finely pulverized coal was exhausted with nitric acid and filtered. The excess of nitric acid was then drawn off by heating the mixed filtrates over the water-bath, and then the lead precipitated with sulphuretted hydrogen. Then the sulphide of lead oxydized with nitric acid, and the weight carefully taken.

A tabular form gives the lead in the different organs in decreasing proportions, as: bony substance, right and left kidney, liver, spinal marrow, brain, muscles, intestines. In all other organs, as spleen, pancreas, lungs, heart, hardly a trace of lead could be found. Other experiments showed the same results; the least lead in the muscles, the most in the liver.

Now that liver and spleen give the relatively largest quantity of lead, may be easily explained, as these organs have the function to carry the lead off from the organisms. Next to them we find the relatively largest quantity of lead in the brain and spinal marrow and although the solitary parts of the nervous system, the ganglia, the peripheric nerves, etc., could not be experimented upon about their relative quantity, still enough is shown to declare the nervous tissue as possessing the greatest affinity to lead. The primary action of lead on the nervous tissues is of remittent and intermittent character, and we see its continuous action in the anæsthesia and paralysis which it produces, whereas other easily soluble poisons, as alcohol, chloroform, urates, strychnine salts, curare, etc., are shortly again

eliminated from the organs or transformed into innocuous products. The intermitting character of lead colic and of lead arthralgia, is no proof against the continuous action of lead on the affected sensitive nerves, as experience teaches that pathological impressions, acting on sensitive nerves, never produce uninterrupted pains, but always of a more or less intermittent character.

After apparent recovery from lead poisoning, when the utmost care was taken against taking lead into the system, patients, even after a lapse of time, show again and again symptoms of lead poisoning, which may be easily explained by the large quantity of lead contained in the bones, where it may remain quietly for a long time, till accidentally carried to more sensitive parts, when it anew reproduces symptoms. Liver and kidneys may also shelter the lead for an indefinite period, and perfect health can only be then assured when every particle of lead has been removed from the body. During lead poisoning we find a diminution of the solid parts of the blood and a corresponding increase of the watery parts, of about 24–25 pro mille; a diminution of the red blood globules about 50 % pro mille, a small increase of extractive matter and of the soluble salts.

The manifestations of encephalopathia saturnina in man may be divided in such, which appear chronically or in paroxysms. The chronic symptoms, headache, sleeplessness, stupor, loss of memory, melancholy, mania, are probably caused by deposits of lead in the brain. Eclamptic and epileptic spasms are the only ones observed in animals. After such a paroxysm, the animal is apparently in the same state as before, and this renders it improbable that the paroxysm should be caused from an action of lead on the brain. Such attacks are, without exception, connected with a preceding diuresis, and indirectly to the so-called uræmic intoxication. Obduction showed also in all animals, dying during a paroxysm, the brain anæmic and œdematous, and this œdema may be explained by the dilution of the serum in the blood, especially by the diminution of diuresis. According to Traube, such manifestations may be taken as the sequels of arterial anæmia caused by the

pressure of the œdema on the cerebral blood-vessels.—*M. schrift of A. H. Z. Med., No. 2, 1871.*

TWO CASES OF THE CHOLERA EPIDEMIC OF 1871

BY DR. CARL HENCKE IN RIGA, RUSSIA.

1. Anna B., servant, 21 years old, took sick on the 6th of July, with vomiting and watery diarrhœa, still as she suffered no pain she kept on working. Both stopped during the night, but on the 7th she was taken with cramps, the intervals of which becoming shorter, till the whole body was drawn backwards and the extremities writhing in spasms. The paroxysm always lasted five to ten minutes, patient remained perfectly conscious, and only complained of the severe pains in the extremities. No stool nor urine passed during the whole day. I saw her in the evening and ordered *Camphor* 6, in some water. Shortly after taking the first dose a severe paroxysm, lasting over 15 minutes, followed by sleep.

July 8th, had no more paroxysms, stool and urine passed naturally and felt well next day.

2. K. 31 years old, was suddenly attacked, July 15th, by severe vomiting of watery masses, frequently repeated, spasmodic pressure in the pit of the stomach, cool temperature of the skin; weak, soft, slow pulse; great lassitude, anguish and fear of spasms. Stool was yesterday watery, to-day neither stool nor urine. R *Fatrophia* 15, a drop in six teaspoonfuls of water, a teaspoonful after each vomiting. She vomited twice, and had some vomituration, but slept during the night, and passed urine in the morning.

July 16th. No stool, but still some lassitude.

July 17th, feels perfectly well.—*A. H. Z. Oct. 9, 1871.*

The following translations are deferred to January number:

Discussion of the Societe Medico-Physiologique on the use of Bromide of Potash in Epilepsy.

Two cases of transitory mental disturbance, by Dr. Chatelain of Prefagier.

Clinical Observations.

W. S. SEARLE, A.M., M. D., BROOKLYN, N. Y., EDITOR.

A FEW CHARACTERISTICS.

BY ROBERT T. COOPER, M.D.*

The remarks in a paper with this title ought to be, I take it, before all things, *practical*, and secondarily *pithy* and concise. I shall, therefore, in the sequel endeavor to comply with these requirements.

The first case we have illustrates Harley's remarks, that *Conium maculatum* produces a want of adaptation on the part of the adjusting muscular apparatus of the eye-ball, leading to a confusion of vision and a sensation of bewildering vertigo.

Sarah F—, æt. 12. Is long-sighted; she has to hold her school books at a considerable distance from her when engaged in reading. She has a pulling sensation in both eyes, they feel as if pulled outwards from the nose, and with a force dragging in the direction of the back of the head. The eyes are very sensitive to light, and she complains of a vertical pain in the head, which is exacerbated when in the open air. She has often to leave school from a sensation "coming over her" of overpowering giddiness. These symptoms have been increased for the last few months. Is of a relaxed habit. Ordered *Conium maculat.* 3x.

2nd week.—The headache is much improved and her appetite is better. The pulling sensation is not complained of. Repeat.

3rd week.—The headache, vertigo, and pulling sensations have quite ceased, and she is less long-sighted.

The disorder of the adjusting muscular apparatus indicated by the pulling sensation (*external rectus muscle*) was combined

* Read before the British Homœopathic Society. British Homœopathic Journal, Oct., 1871.

with probably an irritable condition of the optic nerve, to which latter the photophobia may be ascribed; while the premature presbyopia, an affection for which, if memory serves aright, Dr. Dudgeon recommends *Conium*, might be referred to the action of the recti muscles upon the globe of the eye.

We have a symptom in Hahnemann's proving of *Conium* that somewhat bears out Harley's observation. I mean a "tremulous look," as if the eyes were trembling; the symptom would point to a chronic affection of the adjusting muscular apparatus. Allied in many respects to the symptoms of *Conium* are those of *Gelseminum*. In the orbital sphere we find both causing a heaviness of the lids, dimness, diplopia, and confusion of sight. *Gelseminum* further causes a *squinting* and "a disposition to partially close the eyes as if to *steady the balls*." And yet *Gelseminum* appears to settle chiefly upon the retina; *Conium* more upon the adjusting muscles of the eye. *Gelseminum* produces a *thirst for light*; *Conium* invariably a *dread of light*. Correspondingly in the aural and nasal groups, *Gelseminum* causes a dullness of hearing and smelling; *Conium* a sensitiveness of both.

The next case illustrates Teste's assertion, and was chosen, relying upon it that a child afflicted with congenital syphilis is almost always benefited by *Kreasote*.

M. A. T—, a girl æt. 9, presenting well-marked traces of syphilitic dyscrasia, was brought by her mother to the dispensary on account of deafness, which has afflicted her all her life, but increasingly so of late.

She had the snuffles when a baby, and the teeth present that well-known and characteristic feature of congenital syphilis, a wedge-shaped form; besides, she is very old-looking for her years. She is subject to attacks of vomiting, but except for this the general health is good and the bowels are regular. *Kreasote* 3x was given, and the hearing gradually improved, the vomiting ceased, and after six weeks' attendance she was discharged *quite cured*.

I cannot say my experience warrants an expression of opinion as to the value of *Kreasote* in hereditary syphilis.

A glance at the proving of *Capsicum* will show that the principal symptoms occurring in the extremities are myalgic. "Stiffness of the nape of the neck, diminished by movement." "Pain in the muscles of the thigh, resembling an aching and as if the parts had been strained." "Convulsive jerking and twitching, now of the thigh, now of the lower (? fore) arm." besides many others pointing in the same direction. It affects the skin, causing a slight itching. "Itching of the hairy scalp and of little places all over the body." It affects the rectum, causing *tencsmus* and a "hæmorrhage from the anus for four days."

We are now prepared for the following :—

Eliz. C—, æt. 33, of a florid complexion and freely perspiring skin, came under treatment in July, 1869.

She had been treated a year previously at the dispensary for nervousness. She now complains of severe pains about the hips, arms, and chest, with fluttering in the abdomen and at the breast—symptoms that are aggravated by excitement. Her skin itches and is very rough. The bowels are regular, but there is passed with the stool a great deal of bright blood. Urine is clear, and the appearance of the tongue, natural. *Capsicum*, 3d dec., was ordered, in seven dessert-spoonfuls of water, a dessert-spoonful three times a day.

This was continued, with one week's intermission, for a month, at the end of which time the above train of symptoms had quite left her.

I have cured cases of gonorrhœa with *Capsicum* alone, giving it by the mouth (the 2d dec. sol.) and by injection *per urethram*. Duration of treatment, a month.

To a patient, a woman of a decidedly nervous temperament, aged 42 years, a constant sufferer from neuralgia, I gave *Helleborus niger*, 3d dec., for a sudden general swelling of the abdomen; in a week the swelling disappeared, as well as a severe attack of neuralgia, for which *Belladonna* had been unsuccessfully prescribed a few days previous to the swelling appearing. The pain was very severe, extending all down the neck, and

the left side of the face and teeth, and the parts were very tender, preventing her from chewing her food. The pain was of a tearing, racking character, being much worse during the day and early in the morning.

We have but few symptoms recorded of *Helleborus*; the neuralgic ones are particularly scanty. The following is the only one *tending* to corroborate the above:—"When biting the teeth together he feels a pain in the third molars, which are opposite each other, near the roots."

We often gain valuable hints from apparently trivial observations like this, and such facts ought not to be allowed to pass unnoticed. *Hellebore* is allied in the general sphere of its action to many of our valuable neurotics. A peculiar feature in its headache is that scalp symptoms are nearly always present.

The following case of brain disease shows the power of *Hellebore* to control cerebral symptoms:

A child of eighteen months was brought in the nurse's arms to the dispensary, looking pale and lifeless; his features were drawn and the eyes rolled in their sockets. He was unable to partake of food; as the nurse expresses it, "the stomach turns at it." For three weeks after he began to be out of sorts, his bowels were very much disturbed, but now they are seldom moved. He is constantly picking his lips and clothes, and he keeps continually moving his arms, except when asleep. He is very drowsy, and falls asleep at once if aroused. Although he seems hot and feverish, the natural color has quite left his face, and he never flushes. He was a strong and healthy child before these symptoms showed themselves, but is now extremely weak. *Helleborus* was prescribed in the first decimal, and I was much pleased in finding, three days afterwards, that a marked change had taken place, the child looked cheerful and intelligent, and the appetite restored. He was not allowed any medicine for the next week, and consequently retroceded a little, symptoms of irritation hung about, such as turning up of the eyes, &c., and consequently *Hellebore* was again given, this time in the 3rd decimal, and with the desired effect. After taking it a week, he was put upon *Sulphur* for a slight debility,

with want of sufficient sleep, and a flabby condition of the muscular fibre that remained ; this was his last attendance at the dispensary.

Stupor, with the eyes half open and the pupils turning upwards, obtuseness of the sensitive nervous system, and a general listlessness, must count among the prominent characteristics of the case. The continual *movement of the arms, except when asleep*, is noteworthy—if a symptom of *Hellebore* it will help us to differentiate between this and *Hyosciamus* where cerebral symptoms prevail, for with *Hyosciamus* the movements of the arms occur when the patient is asleep. In children, particularly, objective phenomena like this demand attention.

On the principle that we should take care not to let pass any observations calculated to throw light upon the action of any remedy, I subjoin the following :

Albert Colborne, a boy of three years, treatment begun 7th February, 1868.

This little fellow was subject to extraordinary epileptiform seizures, which come on every three months or so, without the slightest warning, and last for two or three weeks, leaving him at the end of this time completely prostrate for several days. At a moment's notice he falls down with vertigo, accompanied by sickness ; he lies like one dead. In some attacks the sickness keeps away for several days, but if this be the case, instead of the natural contents of the stomach, he will bring up quantities of a green foetid fluid and will pass green motions as well.

As long as the attack lasts, he can drink, but cannot eat anything, and he lies in a drowsy, semi-comatose state, at times being plunged into convulsions, during which he grinds his teeth.

The last attack he had was at Christmas, and he is now expecting another.

Hydrocyanic acid in the 12th was given, and up to the end of March he continued to improve ; then there set in a dry cough, similar to one which immediately precedes the seizures, but in spite of which the *Prussic acid* was repeated, with the

happy effect of warding off the threatened attack. He left the dispensary quite well.

The symptom determining my selection was the grinding of the teeth, and my belief in the appropriateness of the remedy was founded upon Geoghegan's paper, "On poisoning by *Hydrocyanic acid*, in *Dublin Medical Journal*, Vol. VIII., p. 311. He thus expresses himself:—"I have frequently observed in animals to which this acid had been administered that they perform rapid motions with the mouth and jaws, as if a powerful impression had been produced on the nerves of taste."

Whatever the cause of this symptom, may not it, and what we may suppose to be its counterpart in man, grinding of the teeth, be characteristic?

Geoghegan puts it down to a powerful impression made upon the nerves of taste, a theory that he says is borne out by the fact that an insupportably bitter taste is among its symptoms. Supposing grinding of the teeth, or, at all events, and more certainly, movement of the jaws, a genuine symptom, may it not help us in fixing upon *Hydrocyanic acid* many cases of nervous affections where the other symptoms are to be met by it rather than by *Cina*?

Discussion on Mr. Cooper's Paper.

Dr. R. Hughes, while appreciating the valuable and suggestive information contained in Dr. Cooper's paper, thought it would have been better suited for discussion had fewer different points been brought forward. As it was, the paper was difficult to follow and still more difficult to discuss. He would, however, make a few comments on its subject-matter. The comparison between the action of *Gelseminum* and *Conium* he thought apt: but he would suggest to Dr. Cooper whether the paralytic symptoms of *Gelseminum* (especially those of the eye) were not secondary to the cerebral congestion induced by it, while those of *Conium* were primary. He thought the word "myotic" better suited for *Capsicum* than "myalgia," as all Dr. Cooper meant was that it directly affected muscular fibre. He was sorry that Dr. Cooper had said anything about the

tooth symptoms of the *Materia Medica* in relation to *Helleborus*. It seemed to him leading us astray to point to these as having anything to do with the disappearance of a neuralgia under its use, when there were abdominal symptoms present to which the drug was homœopathic, and of which the neuralgia might well have been sympathetic. So also with the *Hydrocyanic acid* case. The epileptic symptoms were quite sufficient to prove the specific relation of the drug to the disease; and he could not think that the movements of the mouth observed in the case of poisoning cited were in any way analagous to the "grinding of the teeth" so well known in children's maladies. In conclusion he hoped that his difference from Dr. Cooper on these points would not be understood as disagreement with him on the whole—the reverse of this sentiment being rather entertained by him.

PLANTAGO CORDATA.—Dr. Batwell (*Michigan Univ. Med. Jour.*) reports favorably of the use of an infusion of the *plantago cordata* or cancer root in the treatment of cancerous affections. "This plant," he says, "has been long celebrated among the Indians for its curative properties in cancers, and all who have tried it seem thoroughly convinced of its powerful alterative effects. Many cases through this section testify to the beneficial results arising from its use, and in the above case I saw that just as soon as this remedy was exhibited so soon did the tumor cease to develope, and those that had presented did not increase in size; and t at just as soon as my patient became intolerant of its exhibition they rapidly increased both in number and magnitude."

HYSTERIA FROM COMPRESSION OF THE OVARIES.—(*Medical Record*.) Dr. Chairon thinks he has discovered that compression of these organs may so excite the reflex sympathies of the epiglottis and of the larynx as to produce the globus hystericus, dysphagia, etc., which pertains to fits of hysteria.

Pathology and Microscopy.

PROFS. C. A. COLTON, M.D., AND SAMUEL A. JONES, M.D., EDITORS.

THE LUNGS AND BRAIN CONCORDANT.

I have just seen an extract from "*The Institutions of Physiology*," by Blumenbach. In speaking of the brain, it says "that after birth it undergoes a constant and gentle motion, correspondent with respiration, so that when the lungs shrink in expiration the brain rises a little, but when the chest expands, it again subsides."

Blumenbach ascribes this discovery to Daniel Schlichting, who described it in 1744, although it has been claimed by some for Swedenborg, probably not being aware of these facts. Yet Swedenborg may have given expression to the same idea and not been aware that any one else had thought the same thing; but, the point which I wish to know more particularly at this time is, whether there is a strict concordant movement of the lungs and brain, in their normal action.

Farmington, Me.

O. W. TRUE, M.D.

[Yes. The brain of a mammal has both an arterial and respiratory movement. During expiration the encephalous rises, and vice versa.

These movements also obtain in the spinal cord. *Vide Valentin's Physiology, pp. 586, 192, English edition*

S. A. J.]

A GASTRIC NEUROSIS FROM TOBACCO.

J. E. J., a young man of 24, and a confirmed devotee of the "divine herb," smoked a "splendidly colored cutty," three times in succession, while he lay in bed reading. He became suddenly nauseated, and soon vomited freely. The next morning he had a pain in the stomach, as if he had "swallowed something which was too large. He could hardly eat break-

fast, deglutition gave him so much pain. He points to the epigastrium when locating the pain. He says it is as if at a certain spot the bolus was forced through too small an opening, and when the food is once in the stomach it occasions a "bursting" or distensive pain. Fluids occasion a similar pain, but not so intense. Warm drinks occasion less suffering than cold, while swallowing, but their presence in the stomach somewhat alleviates the bursting pain.

He also observes, on taking a full inspiration, a stitch-like, sharp, (but not acute,) pain, which extends from the epigastrium directly backwards to the spine. This sensation feels as if it would be relieved by an eructation, but it is not.

When I saw him, twenty-four hours afterwards, he was afraid to eat or drink, because of the pain. He has never had anything like this before ; all that he ever noticed from the use of tobacco was a sense of sinking at the epigastrium.

Two powders of *Nux vomica*, 1-10th trit., a grain each, enabled him to eat a meal without pain on the day following.

In this connexion it will be well to give an abstract of Dr. Teste's experience, which the English reader will find in full in the *British Journal of Homeopathy*, Vol. xvii., pp. 233-56.

After excessive smoking during a railway journey, Dr. T. observed :—"Slight shootings in the hypochondria. One part of the abdomen was more swollen than usual ; the other side, which was the seat of a dull pain, little increased by pressure, was, as it were, paralyzed ; on touching it, my hands alone experienced the perception of the contact. Some difficulty in speaking, in consequence of an unusual feeling of congestion, not only of the tongue. but also of the buccal and maxillary muscles, which, when I attempted to speak, were affected with a sort of nervous trembling." On sitting down to a plate of soup, "I had scarcely swallowed half a dozen spoonfuls, when a sudden, acute, indescribable, horrible pain, forced me to scream out. The spoon dropped from my hand, and I fell back upon my chair, pale as death, bathed in cold perspiration., panting, and apparently at the last gasp. My hands clenched over my stomach alone indicated the seat of the pain. I was fomented with hot towels ; this gave me much relief. Suddenly the crisis diminished perceptibly ; it was extinguished like a sound in space ; it is going,—it is gone. I felt my pulse ; it was never calmer. I pressed my stomach and belly strongly ; they are scarcely tender."

In a quarter of an hour after, he again attempted to eat, "took a few mouthfuls ; this was too much, a hundred times too much. The pain returned ; it was terrible."

During the night, "these crisis came on, at first every twenty or thirty minutes. The interval between them increased towards morning. They lasted from one to three minutes, during which the pain would have caused me to scream again, without the most violent effort over myself. They

were attended neither by nausea nor by real colic, nor did they cause the bowels to move or the urine to flow ; but they constantly produced a copious perspiration, which generally marked the end of the fit."

Four days after, soon after drinking a little chocolate, a fresh attack supervened. It was ten days later before he could eat without pain.

After he had been well for five days, he again tried a cigar. "After three or four puffs, there occurred the acute and characteristic pain in the epigastrium ; the rancid taste in the mouth, perspiration on the forehead. I should certainly have had a fit had I persisted."

These cases will enable one to "read between the lines" of the *Tabacum* pathogenesis, and they may serve in determining the etiology of some instances of so-called "dyspepsia," occurring in the "fast" business men of our larger cities.

So far as I have observed, the most frequent result of an indulgence in tobacco is a faint weakness, or a dragging, sinking goneness in the epigastrium. With this there is a gnawing craving ; not so much for food as for something strengthening, and this it is which leads the young clerk to his lager, his old ale, his "Bourborn straight," and his delirium ebriosorum.

The next effect in frequency is the tobacco sore throat, with its dry, hacking, tearing cough.—But we are flying in the face of "rare Ben Jonson's" valiant Captain Bobadill, who says of this "divine tobacco :—" "I have been in the Indies, where this herb grows, where neither myself nor a dozen gentlemen more, of my knowledge, have received the taste of any other nutriment in the world, for the space of one and twenty weeks, but the fumes of this simple only : Therefore, it cannot be but 'tis most divine. Further, take it in the nature, in the true kinds ; so, it makes an antidote, that had you taken the most deadly poisonous plant in all Italy, it should expel it, and clarify you with as much ease as I speak. And for your green wound,—your balsamum and your St. John's wort, are all mere gulleries and trash to it, especially your Trinidado ; your *Nicotium* is good, too. I could say what I know of the virtue of it, for the expulsion of rheums, raw humours, crudities, obstructions, with a thousand of this kind ; but I profess myself no quacksalver. Only this much ; by *Herculus*, I do hold it, and will affirm it before any prince in Europe, to be the most sovereign and precious weed that ever the earth tendered to the use of man."*

We who wore the "blue," lately, found that it would stay hunger, and many a time has the soldier's "quid" been obliged to serve as a "quo" for the quartermaster's "hard-tack ;" but Bobadill's one-and-twenty weeks is a most flattering vericide. His mention of it as an antidote reminds us of a passage in the pedant king's "Counterblast to Tobacco," wherein the North American Indians are shown to have practiced *similia similibus* :—"For Tobacco being a common herbe, which (though vnder diures names,) grows almost euery where, was first found out by some of the barbarous Indians to be a preseruatiue or antidote against the pocks, a filthy disease where-

* Every Man in His Humor, Act III, Scene 5.

unto these barbarous people are (as all men know,) very much subject, what through the vncleanly and adult constitution of their bodies, and what through the intemperate heate of their climate : so that from them was first brought into Christendome that most detestable disease ; so from them likewise was brought this vse of Tobacco, as a stinking and unsauourie antidote for so corrupted and execrable a maladie, the stinking suffumigation whereof they yet use against that disease, making so one canker or venime to eate out another.”*

Less courtly, but equally emphatic, is the condemnation of honest Oliver Cob, the water-bearer, whom the blustering Bobadill so shamefully wheedled that he would have “revenge, vinegar revenge, vinegar and mustard revenge.”

“Ods me,” says Cob, “I marle what pleasure or felicity they have in taking this roguish tobacco. It’s good for nothing but to choke a man, and fill him full of smoke and embers ; there were four died out of one house last week with taking of it, and ten more the bell went for yesternight ; one of them they say will never scape it : he voided a bushel of soot yesterday, upward and downward. By the stocks, and these were no wiser men than I. I’d have it present whipping, man or woman, that should but deal with a tobacco-pipe : why, it will stifle them all in the end, as many as use it : it’s little better than ratsbane or rosaker.”

CARL MULLER.

[I am afraid the beads are getting too many for the string, but when one dips into old literature, its so hard to stop—will the reader, then, in charity take one bead more ? It is a reference to our therapeutic formula, and may be found in Book I., Chap. xxiii., of Puttenham’s “Arte of English Poesie,” London, 1589. He is writing of “The Forms of Poetical Lamentations,” as mental remedies for trouble and sorrow :

“Therefore of death and burials, of the aduersities by warres, and of true loue lost or ill bestowed, are th’ onely sorrowes that the noble poets sought by their arte to remoue or appease not with any medicament of a contrary temper, as the Galenists vse to cure [contraria contrariis], but as the Paracelsians, who cure [similia similibus], making one dolour to expell another, and in this case, one short sorrowing the remedie of a long and grievous sorrow.”

Hahnemann’s psychical treatment, employing the emotions as curative agents, has been laughed at. Believe me, the laugh is the cheapest of arguments, but is also the most dangerous, for none but a very wise man knows when it can be used with safety.]

*.The Works of the Most High and Mightie King James. By the Grace of God King &c. Pp. 214. London, 1616.

Homœopathic Intelligence, etc.

HOMŒOPATHY IN UNIVERSITY OF MICHIGAN.

From the Detroit Tribune, Nov. 8, 1871.

In your issue of the 4th, we observe an extended notice of what is termed the Homœopathic College of Detroit, with a partially organized Faculty, and several names given as approving. As those engaged in this movement and those approving have given quite lengthy reasons for their course, please permit those who are opposed to it, to give a few reasons for their non-approval. This is the second project styled a Homœopathic College, started in this State during the last few months, with the expectation of ultimately becoming part of the medical department of the University. Now, in the first place, the Regents believe they have no power or authority to create or establish a branch of the University outside of Ann Arbor. Consequently the first thing to be done towards obtaining such branch is the necessary legislation. This would include an enabling act; together with the necessary appropriation of money to carry it into effect. For the Regents will not use a dollar of the present University fund for the purpose of teaching Homœopathy in Detroit or elsewhere. We have authority for this statement. But these would-be professors tell the Regents that they do not wish any of their money; that the friends of Homœopathy in Detroit stand ready to put their money into the scheme. That thousands of dollars have been subscribed, and more promised, &c. We are creditably informed that these thousands amount to—one authority says four and another six thousand; and of this latter three thousand was expected to be paid in *time* and services. It is estimated that it will take at least thirty thousand dollars to purchase ground and suitable buildings. Then it would be necessary to have a chemical laboratory, surgical apparatus, and other means of illustrating a course of lectures. Further, it would be necessary to have an appropriation, of at least ten thousand dollars a year, and a premanent fund to meet current expenses; after a few years this might be reduced somewhat.

Now, is it right to ask the patrons of Homœopathy, and the Homœopathic profession to meet all these expenses? They have for years consented that the University money, to the benefits of which they are as much entitled as their neighbors, should be used in building up the medical department of Ann Arbor, and are paying taxes now liberally for the sup-

port of the University. We claim that it is not right to be doubly taxed. That we should be admitted to an equal share in the benefits of the medical department at Ann Arbor, or that we should have sufficient aid from the State to give us the same advantages elsewhere that we could enjoy there. We would advise the true friends of homeopathy not to countenance or support either the movement at Detroit or Lansing. For we are satisfied these attempts will only tend to divide the homeopathic sentiment of the State, and contribute to the defeat of our best interests. It was proposed to the authors of the Detroit movement to submit the question to the profession, and let them decide, but this was refused. This question of homeopathy in the University is one that every homeopathic physician in the State should feel an interest in, and it is one on which all should be consulted. If it is determined to have a separate medical department in Detroit or elsewhere, let it represent the wishes of at least the majority of the profession, otherwise it will not prove a settlement. It is not right that three or four individuals should get together here and there, and attempt to represent and forestall the homeopathic sentiment of the State. There are many physicians in the State in favor of a separate medical department, who do not think the Detroit and Lansing movements the right way to obtain it. If it is thought best to have a separate medical department, let us first obtain the necessary legislation and appropriation to meet its current expenses, and let it be located at the point that will raise the most money to purchase grounds and erect suitable buildings. Then let the Faculty represent the wishes of the profession, as near as may be, and not be self-constituted. Then we shall have something for which we can all work, and shall succeed in building up an institution of which we may justly be proud.

While a party is working for Detroit, a party for Lansing, and a party for Ann Arbor, we shall present to our opponents and the public the humiliating spectacle of the Kilkenny cats, that need only to be let alone to devour each other. Let those in favor of a separate medical department work unitedly, openly and honorably, having the interests of the profession paramount to any and all personal ambitions, and then success will be nearly certain.

E. H. DRAKE, M. D.
EDWIN A. LODGE, M. D.
WILLIAM R. GORTON, M. D.
C. HASTINGS, M. D.

HOMŒOPATHY IN CANADA.

108 BAY STREET, TORONTO, 3rd October, 1871.

To Henry Strange, Esq., M. D., Registrar of the College of Physicians and Surgeons of Ontario, Hamilton :

DEAR SIR :—The action of the majority of the Council of the College of Physicians and Surgeons of Ontario, on the last evening of the meet-

ing in Toronto in June, has led to the very general belief in our section of the profession that our continuing to act in concert with the Members of the "General" School will not lead to beneficial results; and that it will be better for our body and for the Eclectic School also, that the connection should cease. I am instructed to take immediate measures to apply to the Parliament of Ontario for the repeal of the "Medical Act," and to ask either for the re-establishment of the Homœopathic and Eclectic Medical Boards, or for the entire removal of all restrictions upon the practice of medicine, putting it on the same footing as in the adjacent State of New York.

I need not say that after the pains I have taken to bring about harmonious action between the different Schools of Medicine in Canada, that it is with the deepest regret that I look forward to the approaching disruption of the "COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO," where, until the last day of our last meeting, we had all worked together with perfect good feeling and cordiality for the raising of the standard of medical education in all the different Schools. I cannot, however, resist the appeal made to me to take action in this matter, admitting, as I do, the justice of the complaint made both by the Homœopathic and Eclectic Schools, that their students are compelled to pay exactly double for their education that the students of the "General" School do. Two years' attendance upon lectures in any Medical Institution gives a right to all subsequent sessions free; when three sessions are exacted from students at the *same* College, it adds only the board to the expense; but when Homœopathic and Eclectic students, having as yet no College in Canada of their special Schools of Medicine, go to the United States for their education, they are compelled, no matter how complete that education may have been, or how well qualified they might be to pass any ordeal however searching, they are, I say, compelled by the Council to pay in full for another medical education in Ontario before they are admitted to examination. This is no mere imaginary or fanciful grievance; it has begun to tell very seriously upon the number of students applying to enter with Practitioners of our School, and several young men have distinctly stated that they cannot afford to become Homœopaths, when they can enter the Old School for half the money. This may be a matter of exultation to those who have looked upon the Medical Art as the means of extirpating Homœopathy from Canada: but it is scarcely a creditable mode of proceeding when arguments have failed, to have recourse to fining students to coerce them into the "General" School.

The proposal which I made at the last meeting of the Council, and which met with the unanimous approval of both the Homœopathic and Eclectic Members, was to the effect that students whose course of study had begun *subsequent* to 1870, as far as concerned Graduates of our Schools from the United States, should be in the same position as those whose studies had begun prior to that year—this was the substance of the motion that I made;

although there were only four colleges of each School in the States to which we asked that this privilege should extend ; and it was further guarded by the stipulation that the matriculation examination should be passed before the beginning of the professional education. When a motion so moderate and equitable was voted down by the whole of the Members present belonging to the " General " School, we may well give up all hope of ever receiving fair play at their hands.

It is some satisfaction to me to find that the London "*Lancet*," opposed as it is to us in everything else, adopts our views as to places of study. In the No. of that journal of the 12th of August of this year, the editor, who has erroneously stated that the Homœopathists wished to diminish the stringency of the examinations, ends by saying : " On the other hand, so long as Homœopathic students are ready to pass the regular examinations, all oppressive regulations as to curriculum and places of study, should be swept away. It is unnecessary to inquire where men studied, if they are prepared to pass a fair and scientific examination." Now, I can confidently appeal to you, who have not only acted as Secretary to the Council at its annual meetings, but who have likewise, as Secretary to the Board of Examiners, been present at all our examinations to say, if the Homeopathic or Eclectic members have ever in the slightest degree tried to diminish the stringency of the examinations or to facilitate the entry of incompetent men into the profession.

As the present Council will not likely meet again before the period for which the members were elected expires ; and as in all probability they will have no successors, I have thought it right to state to you as fully as an ordinary letter will admit of, the causes that have led us to take the position we are about to take. I think it due, in courtesy to those gentlemen, with whom I have always felt pleasure in associating, that I should, through you, give them notice of the application we intend to make to Parliament, to repeal the " Medical Act " under which we have worked together.

I am, Dear Sir, yours very faithfully,

D. CAMPBELL, M. D.

Homœopathic Member of Council of College of Physicians and Surgeons of Ontario.

HOMŒOPATHY IN MASSACHUSETTS.

NORTHAMPTON, MASS., NOV. 4, 1871.

To.....M. D.:

SIR :—Charges having been preferred against you by a Committee of the Massachusetts Medical Society of " Conduct unbecoming and unworthy an honorable physician and member of this Society," *to wit* : " by practicing or professing to practice according to an exclusive theory or dogma, and by

belonging to a Society whose purpose is at variance with the principles of and tends to disorganize the Massachusetts Medical Society."

You are hereby directed to appear before a Board of Trial, at the Society's Rooms, No. 36 Temple Place, *Perkins Building*, on Tuesday, Nov. 21, 1871, at 11 o'clock, A. M., to answer to the same, in accordance with By-Laws and instructions of the Society.

SAMUEL A. FISK,
President of the Massachusetts Medical Society.

To the Editor of the American Observer :

Dear Sir :—The above Circular, which has been sent to the leading Homœopathic Physicians of Massachusetts, speaks for itself. By inserting it in your journal, with such remarks as seem appropriate, you will oblige,
Very sincerely,

I. T. TALBOT, M. D.,
Editor of the New England Medical Gazette.

[We do not expect that this attempt at ostracism on the part of the Allopathic Medical Society of Massachusetts will result in any evil to the interests of homœopathic physicians of Massachusetts or elsewhere.]

SAN FRANCISCO COUNTY MEDICAL SOCIETY.

The regular monthly meeting was held at the Pharmacy of Boericke & Tafel, No. 234 Sutter street.

A majority of the members were present, with President Dinsmore in the chair.

Minutes of the last meeting were read and approved.

The application of Dr. Goepf for membership was received, and referred to the Board of Censors, who, after due investigation, found that he possessed all the necessary qualifications for membership, and so reported, whereupon, he was unanimously elected a member of the Society.

The Hospital Committee reported progress, but desired further time, which was granted.

A communication from Dr. J. H. Floto, tendering his resignation, owing to "state of health as well as professional duties," was read, and his resignation was accepted.

Dr. E. J. Fraser, Committee on Surgical Operations, exhibited to the Society a cancerous tumor of the peritoneum, which he, assisted by Dr. J. S. Shepard, removed a few weeks ago, accompanied by a report giving a history of the case, its nature, and the difficulties which attended the operation for its removal.

A general discussion followed upon the relation which constitutional dyscrasias bear to cancer, consumption, insanity, and to chronic eruptive diseases, which was participated in by Doctors Porter, Hiller, Barnes of San Diego, and Fraser.

A Committee of three, consisting of Doctors Hiller, Fraser, and Porter, was appointed to arrange the preliminaries for the semi-annual meeting, which will be held on the 14th day of November next.

BRITISH HOMŒOPATHIC CONGRESS.*

This annual assembly of medical men practicing homœopathy was held at the Randolph Hotel, Oxford, on Wednesday, the 27th of September last.

The Chair was occupied by Dr. Drysdale, of Liverpool, in the much-regretted absence of the President for the year. Dr. Madden, (London), who was prevented attending the meeting by severe illness.

Dr. Drysdale, on rising to address the meeting, said: Gentlemen, I have been requested to take upon myself the duty of filling this chair, in the lamented absence of Dr. Madden, your President. You are all aware of the great calamity which has befallen not only himself and his family, but the whole homœopathic body (hear, hear), which renders him unable to be here in person. Still he is your President, and I am merely holding this position on his behalf. As has been usual with him on all occasions, he was ready with his work—his paper was finished; and now I hope we shall derive great pleasure and satisfaction from hearing our friend, Dr. Hughes, read *The President's Address*. (Applause).

Dr. Hughes, (Brighton), then read, in a clear and impressive manner, the admirable and exhaustive address upon *The Relation of Therapeutics to Modern Physiology*, which was published *in extenso* in the October number of the *Review*. The address was listened to with profound attention; and elicited much applause at its conclusion.

The Chairman said: I am sure that I am but expressing the sentiment of every one present when I say, that the hearing of this admirable address only enhances the pain that all must feel at the absence of its author. (Hear, hear). As it is not the custom to discuss the address, I shall, without any further remark, move:—

“That this meeting cordially thanks Dr. Madden for the very “able address which has now been read, and while assuring him “of its sympathy with him in his illness, earnestly trusts that “his health may be speedily and completely restored,” This resolution was seconded by Mr. Pope, and carried by acclamation. It was further directed that the secretaries be instructed to forward a copy of the resolution to Dr. Madden as early as possible.

Dr. Gibbs Blake then proposed that the ex-President, Dr. Drysdale, be requested to continue in the occupation of Dr.

* From advance sheets of Monthly Homœopathic Review, by courtesy of Dr. Pope.

Madden's chair during the meeting. This resolution was duly seconded, and carried unanimously.

POSOLOGY.

Dr. Drysdale then called on Dr. Black to read his paper on *Posology*. In this essay Dr. Black showed that Hahnemann's earliest teaching on the dose question was truly scientific, and in perfect harmony with physiology. Dr. Black further maintained, that while medicines do possess a curative power in very high dilutions, yet that for all practical purposes the third dilution was sufficiently attenuated. Such had been the result of his experience; and he invited all who were in the habit of using high dilutions to repeat the experiments he had made.

Dr. Hayward, after thanking Dr. Black for his paper, and dwelling on the importance of the question it treated of, said that he thought that the best curative dose was one not much smaller than the pathogenetic dose. He thought that a dose lying very wide of the pathogenetic dose, though competent to cure, did not do so so rapidly or so generally as the larger. In practice he kept tolerably near the pathogenetic dose. The points to be ascertained were, the size of the pathogenetic dose, and that of the curative dose; and inasmuch as the latter lay within the former, he would restrict himself to the discussion of the question, what is the pathogenetic dose? After many experiments with different doses, he had arrived at the conclusion that this pathogenetic dose is one having a very wide range; that it differs with different medicines—different constitutions—different dilutions, and with the various symptoms producible by medicines. (Hear, hear). For example, *Opium* will produce morbid sleepiness or morbid sleeplessness, under different circumstances in very different doses. To produce morbid sleepiness, the matrix tincture must be given—while morbid sleeplessness will be the result of a higher attenuation. And so also with curative doses. We may make rapid cures of morbid sleepiness with matrix tincture and the 1st dilution; but it would be hard to *cure* morbid sleeplessness with so large a dose. We must resort to the higher dilutions, such as the 3rd, the 6th, and the 12th. *Nux vomica*, in its action on the bowels, was another illustration. *Nux vomica* gave rise to both constipation and diarrhœa; but in very different doses. It is the matrix tincture that gives rise to diarrhœa, and the higher dilutions which excite constipation. So in curing these conditions it is the matrix tincture and lower dilutions that cure diarrhœa; and the higher which are useful in the constipation to which *Nux* is homœopathic. Again, *Pulsatilla* differs in its effects according to the dose given. Amenorrhœa will arise

from the 1st and 2nd dilutions, while dyspepsia requires the matrix tincture to excite it; and so, too, in treatment, amenorrhœa is curable with doses that would not be suitable for dyspeptic cases. He believed the same rule would hold good with regard to other medicines. Different doses of the same medicine cured different diseases and produced different effects. He thought it might be desirable for the Congress to appoint a committee to select, examine, and report upon the various symptoms produced by different doses of the same drugs. (Hear, hear).

Dr. Drury believed that the only way in which this question could be settled was by each practitioner investigating it for himself; and by trying with various doses to ascertain which dilution is really the best. He wished that it were possible that at the London Homœopathic Hospital the action of the different dilutions could be watched and fairly tested. The hospital was certainly not made as much use of as it should be. Gentlemen coming up to study there might, with much advantage, turn their attention to this subject while watching the practice. But they came up for a week or two, paid a few visits, and were seen no more, having gone to some town where a homœopath was wanted! Some time ought to be given to hospital study, and without this it would be hopeless to look for much of result from such investigations. He wished that all could divest themselves of prejudice, and examine and find out which dilutions were the most efficacious. Could it be proved that the matrix tinctures were the best preparations to use, he should unhesitatingly adopt them; but he must be satisfied of this; and, he confessed, that up to the present moment he was not satisfied. He still leant to the diluted medicines, and if he gave up, as many did, the theory of dynamization, he felt that he should lose a great deal. Still he was quite willing, and he hoped that others were so, to go fairly into the question, and to test the relative value of the different dilutions. Let those, too, who used low dilutions experiment with the higher.

Dr. Holland said that he had practiced homeopathically for 33 years, and found that, as he had descended towards the 3rd dilution, his success had been greater than when using the 12th and 30th. Still he must confess to having been surprised to find that men, well known in the profession, and who had been reported to have treated cholera, dysentery, Irish fever, and so on, with the most brilliant results, when giving medicines in the 3d dilution—should suddenly descend to five or six grains of the crude substance, or as many drops of the pure tincture, for a single dose. Dr. Holland had, he said, assimilated his

practice to that recommended by his friend, Dr. Black, with much success. Only in a comparatively few instances could he remember seeing any greater results follow the use of the very highest dilutions. One case occurred to him in which, after having given *Pulsatilla* in the 1st dilution to an elderly gentleman, suffering from enlarged prostate, he changed the dilution to the 12th; and whether in consequence of the action of the medicine as originally given, or from the change to the 12th, he could not say, but an improvement set in as soon as he took the *Pulsatilla* in this high dilution. In another case, one of rheumatic fever, the opposite result followed. In this, *Bryonia* was given in the 3rd and 6th dilutions without any benefit. At the suggestion of Dr. Kidd (who was called in in consultation) two or three drops of the pure tincture were given, and improvement at once made itself apparent. Dr. Holland was far from denying that the higher dilutions were productive of curative results. He believed that a medicine selected homœopathically would cure in almost any dilution; but at the same time the nearer we approached that dose which would give rise to physiological action—without actually exciting it—the more rapid and effective would be its influence.

Dr. Nankivell rose for the purpose of mentioning two cases which bore on the question of dose. In one there was tonsillitis before suppuration. He gave *Belladonna* 1, in drop doses; suppuration and abscess followed, and the patient recovered in about a fortnight. A similar attack recurred in this patient after the lapse of some weeks. He now gave two drops of the pure tincture every hour. In twenty-four hours resolution had taken place, and no physiological action whatever had been produced. Another case of quinsy came under his care, when in an advanced stage, in a woman of unhealthy constitution. The abscess required lancing. He told her that if she felt any return she was to send for him early. This she did in three weeks. Within three hours from the time when she first felt any inconvenience, the same right tonsil was again swollen to within a third of its bulk during the previous attack. He gave her the same dose in the same way, and in thirty-six hours that tonsil was reduced to its natural size. He thought he could also produce evidence on the other side, too, but it was not so ready to hand.

Dr. Bayes said: We have to thank Dr. Black very much for bringing forward his proposition. No doubt it would amazingly simplify our art of prescribing, if we could accept it without curtailing the utility of our system of medicine. The real point at issue is, not whether low dilutions cure or high dilutions

cure; both these points are conceded by Dr. Black, and we cannot settle the question by discussing them further. What we are asked by Dr. Black is, to abandon all dilutions higher than the 3rd, because the medicinal preparations, from the crude drug to the 3rd centesimal, practically contain within themselves all the curative powers which are to be found in medicinal drugs. Therefore the real question at issue is, "Do the preparations below the 3rd really contain the whole curative powers of the drug, or is there any important class of cases which will remain uncured if we abandon the higher dilutions?" Feeling that any individual answer to these questions would be of comparatively little worth, it occurred to me that the better way to answer them would be to ascertain what was the general experience of the majority of homœopathic practitioners on these points. With a view to obtain this information, I circulated a copy of the following questions, which no doubt all present have received :—

"How long have you practiced homœopathy?"

"What are the dilutions or doses you mostly prescribe?"

"What are the highest dilutions you prescribe, and in what class of cases?"

"What are the lowest attenuations or doses you prescribe, and in what class of cases?"

"Do you prescribe now the same dilutions as you did when first practicing homœopathically?"

"If you have changed your method of practice, please state your reasons."

I sent out 269 circulars to that effect, and I received 173 answers. These are of material value, because they represent every shade of homeopathic belief; and by far the larger number are from men of weight and influence among us. I have made a very short abstract of them, because a longer one would occupy too much time at this Congress. From physicians who have practiced homeopathy for 30 years and upwards I have received 15 answers; between 20 and 30 years, 56 answers; from 10 to 20 years, 53 answers; and from physicians who have practiced for less than 10 years, 48 answers. I have divided these into certain classes. Of the 173 who have sent replies, 9 practice as high dilutionists, and 5 of these have never given low dilutions in their practice; therefore their experience is of comparatively little value in this discussion. 44 are exclusively low dilutionists, 30 of whom have never given high dilutions; therefore these 30 may fairly be put on one side, for their experience is of no comparative value. 103 give both low and high dilutions (by high I mean 30ths and

upwards), and 17 of these from the low to the 12th. In bringing this evidence to bear upon the comparative value of low and high dilutions, we must exclude those whose practical experience does not extend to both. I therefore strike out 5 of the high dilutionists and 30 of the low. Of the remaining 138, I find that 124 are in the habit of giving dilutions above the 6th in certain cases. I have thought it better to take the 6th as the limit rather than the 3rd, because a large number give up to the 6th. 14 only, after more or less examination into the curative power of higher dilutions, have abandoned them. This is strong general evidence in favor of the comparative curative value of the higher dilutions. The 124 who give the higher dilutions are divided into 17 who give up to the 12th, 52 who give up to the 30th, and 55 who go as high as the 200th, in certain cases and under certain conditions, and low dilutions under certain other cases and conditions. As it is my intention to publish a full analysis of the evidence afforded by the returns to which these figures refer, I will not do more here than state that the weight of evidence in favor of the utility of the higher dilutions does not rest simply on numbers, but that the physicians of greatest experience in point of professional age are the strongest supporters of the higher dilutions. Of 15 physicians whose practice extends over 30 years, 12 use the high dilutions more or less often; 37 do so out of 56, who have practiced for between 20 to 30 years; 35 out of 53 of between 10 and 20 years' standing; and 29 out of 48 who have practiced for less than 10 years. If to these I had added those who limit their upward scale to the 12th, the difference would appear more remarkable. If we reverse the tables, we find that the supporters of exclusively low dilutions number 3 out of 16 who have practised for 30 years and upwards; 16 out of 56 who have practised for over 20 years; 11 out of the 53 of between 10 and 20 years' standing, and 14 out of the 48 who have practiced for periods less than 10 years. It is not, then, the enthusiasm of youth, nor the dogmatism of age which alone gives us the testimony which yields us evidence in favor of the practical utility of high dilutions; but a large majority of physicians in each decade. Such a weight of concurrent testimony ought to make us pause before we decide so momentous a question as that now before us, seeing that to ensure the adoption of the proposal to limit our upward dose to even the 6th dilution, it would be needful to revolutionise the practice of five-sevenths of the practitioners of homœopathy. The value of the present inquiry depends not on the bare question of what number of men use one dilution or

another, but on a consideration of the general laws which decide those who use all dilutions to choose the low in one case and the high in another. [Dr. Bayes here read two long lists of forms of disease and of certain medicines in which those who had replied to his circular, who were in the habit of using both high and low dilutions, gave either the one or the other. Our space will not admit of our reproducing them here, but we understand that Dr. Bayes intends shortly to publish them.] He concluded by remarking, that the evidence in favor of giving high dilutions in chronic diseases appeared to be quite as strong as that which pointed to giving low dilutions in acute diseases; and he did not think that we ought to deny the evidence of those who testify to the efficacy of high dilutions, any more than we should do that which testifies to the value of low dilutions.

Dr. Moore said: "I confess myself a wretchedly low dilutionist (laughter), though I have in my time given the 30th and up to the 100th." He had been somewhat disgusted with high dilutions, from a case that occurred to him some years ago, in which a well-known London high-dilutionist, who was always asserting that homœopathic practitioners in Liverpool and Manchester knew nothing about homeopathy, was brought down to see a patient of his suffering from acute peritonitis. He prescribed *Aconite* 3 and *Bryonia* 3. The disease was uninfluenced in any way. He (Dr. Moore) felt sure that the medicines were correctly indicated, and therefore gave them in the 1st dilution, and by the time four doses had been taken, the disease was fairly subdued. He felt confident that the low dilutions and the pure tinctures were the most serviceable preparations to use. Some of the medicines were essentially weak, and very little good could be derived from using them, save in the pure tincture.

Dr. Gibbs Blake said: I am very much pleased with Dr. Black's proposal, because it narrows the discussion. On reading the discussion on the former paper, the proposal appears to have been misunderstood. It seemed to be imagined that it was proposed to tie practitioners to No. 3, and that they were engaged never to give any other dilution. Obviously that was not his intention. I have used the 30th potency, and I believe I have cured cases when the low potencies had failed,—although it is quite possible that the cure was owing to the continued action of the low potencies. (Hear.) I think the low potency dose good in the great majority of cases, and may be used within the limits suggested by Dr. Black. I use from the 6th decimal down to the mother tincture. There is a further sug-

gestion of pressing importance, seeing that our numbers do not increase in proportion to the wants of the public. We suffer probably more from that cause than from anything else, because it prevents men from having sufficient time to devote to the scientific part of medicine. Our men go into practice without being obliged to serve an apprenticeship in the science of medicine, as they do in the old school. A number of years devoted to hospital work tells most beneficially in the formation of the minds of hospital physicians. It renders it necessary for them to be exact, to work hard at their profession, and thoroughly to inquire into and master the science of it. The point I wish to refer to in Dr. Black's paper is the importance of making medical converts. The importance of making medical converts cannot be overrated. Ways may be suggested of medical men of apparently opposite views being brought together, and of their helping one another, which are perfectly satisfactory, and this without either side sacrificing their views even in the matter of therapeutics. I was treating the case of a girl suffering from symptoms which probably depended upon sclerosis of the spinal cord. She had been under treatment for a long time, and not getting any better, she wished to see an allopathist practicing in the town. He was perfectly willing to see a patient with me, as he always is. Melancholia was the prominent symptom, but there was evidently a good deal of uterine complication. The melancholia had indicated *Aurum* to me, and I had prescribed it several times, but not in a lower dilution than the 6th dec. To my surprise my allopathic friend recommended the *terchloride of gold*, which I did not know the other school employed at all; but he said he used it extensively. Then came the question of dose, and he said he should give one-fiftieth of a grain. I said, "How will you prescribe it?" and he replied, "You prescribe." I told him my former dose, and now proposed two-grain doses of the 2nd decimal trituration; and he was perfectly satisfied. We saw the case together for several months, and the patient improved. This shows the possibility of representatives of the two schools working together in therapeutics. (Hear.) This gentleman is not a homeopathist, and says he does not believe in the law, although I cannot help thinking that he does a little. (Laughter.) In obtaining a pathogenetic action by the medicine, he professed to be entirely guided in his choice by his own principles. He did not believe that the physiological action was a guide to treatment, but that the knowledge of the action of drugs in disease was purely empirical. Dr. Blake thought that there were great advantages attending the use of moderately diluted medicines, and that we might confine ourselves to their

use, unless it could be proved that high dilutions acted better than low.

Dr. Wilde: I believe that a main difficulty in the way of extending a knowledge of our system amongst allopathists is the smallness of our doses. At Winchester there are a great many allopathists with whom I am on very friendly terms, and we very frequently talk over homeopathy; but I can never get them over the smallness of the dose. Yesterday an allopathist wanted to get a hint from me of how to treat a young lady of 16, with nocturnal enuresis. I said, "Have you tried *Bella-donna*?" He replied, "No." I said, "Try it." He said "How much, 5 or six drops?" I said, "You had better begin with something smaller." He rejoined, "I believe in your homeopathic law, but hang your dose!" (Laughter.)

Dr. Dunn did not think that converts to homeopathy would be made by homeopathic practitioners increasing the dose they ordinarily used. He believed that allopathic practitioners were being converted, and that very rapidly; not, however, by our giving large doses, but by the development of physiological science. They were now also studying the action of drugs according to the teaching of men like Dr. Acland of Oxford, Professor Bennet of Edinburgh, and several with similar views in London. They were studying the physiological effects of drugs, and their best men were putting polypharmacy aside altogether. "How different was the teaching in recent works on the Practice of Physic to that written when we old fellows were lads!" Ere long the entire allopathic body which is now being educated would be as near homeopathic as it could be. They would treat disease with one drug; and that would be studied according to its physiological effects. No alteration in the dose would ever make men believe in the law of *similars*—and that was the point to be aimed at.

Dr. Hughes: I had the pleasure of hearing the paper Dr. Black read a few months ago before the British Homeopathic Society. His proposition seemed an eminently reasonable one, and I determined to try it in this way: In the Dispensary at Brighton I had tried all dilutions. I determined now to try low dilutions, from the 3rd downwards. I had a tolerable field for experiments, between 70 and 90 patients, attending two days a week; and, although three months is insufficient for conclusive deductions, I must say that hitherto I have no reason to be dissatisfied. I think I have gained quite as good results as when higher dilutions were used in certain cases. I have never given any higher than the 3rd since that time, and frequently lower. I am very glad to have this subject brought before the Homeopathic Congress and discussed so freely;

because our proceedings are public, and the public will see that we are not the globulists nor the exclusively infinitesimalists which we are represented by our enemies to be. While none of us can deny the salutary effects of infinitesimal doses which are selected on the principles of homeopathy, on the other hand, we equally maintain the value of low dilutions; so that while homeopathy is conservative as regards the past, we are progressing in a liberal spirit towards the future. (Hear, hear.)

Dr. Hale said that the whole question introduced by Dr. Black hinged upon the possibility of our arriving at a knowledge of the physiological dose; and before any practical decision could be arrived at, this knowledge must be obtained. The very drifting and varying condition we called disease made him doubt the possibility of arriving at an answer to this question sufficient for practical purposes. Nothing could be more desirable than the settlement, in a scientific and philosophical manner, of this question. All would wish for a definite rule for their guidance; but the very nature of the case seemed to him to preclude the possibility of our obtaining it. The illustrations we had heard that morning of the success with which disease had been treated, was evidence of its variable nature; the different circumstances under which it occurs; the peculiarities and idiosyncracies of patients. We must become fully acquainted with the peculiar manifestations of disease, ere this question can be decided. They must be examined by the light of that knowledge which this memorable day has given to us; and which hitherto we had not. He looked upon Dr. Madden's paper, read to-day, as giving us a new starting-point; and a stand-point from which we might think over and reason out the *modus operandi* of medicines. It suggested facts, based upon positive and scientific research, that would bear fruit of the greatest possible value. In educating ourselves we must go into the very *penetralia* of science, and discover what is the nature of diseased action of the molecule, and of germinal matter. Men might give their individual interpretation of the nature of any disease, and of the result of their treatment of it; but that result must be ever shifting according to the innumerable variations and changing circumstances of every case. What, then, was the chance of exact agreement at the point of contact between any two cases of disease? Still, however far we might be from deciding this question, he believed that the paper we had heard read that morning would give us valuable help.

The Chairman: The discussion, which has been extremely valuable, will now close with a few words from Dr. Black. His

object has not been alluded to except by Dr. Hughes—it is that this difficult subject may be determined, as far as it can be, by experiment. His proposal is, that each person, for a definite time, shall confine himself to a definite scale. I hope that before another congress, a number of persons will be able to give us similar experiences to those we have heard detailed to-day.

Dr. Black briefly replied. He said: The Chairman has embodied any remarks I might have had to make upon the discussion. I trust an examination will be made of the result of keeping the dose below the 3rd dilution, as I have suggested. Formerly the risk of aggravation was the continual answer to such a proposal by the high dilutionists; but not a single member has mentioned that, so that is disposed of. From the discussion I gather that the question will be entertained in its pathological and scientific aspect, so that we shall not be continually altering our dose; and our literature will not show all the variations between the mother tincture and the 2000th or more. We must come to nature and learn of her. We must boldly explain in what the teaching of Hahnemann was wrong; and put posology before the world in its true scientific position. (Applause.)

HAHNEMANN PUBLISHING SOCIETY.

The Congress then adjourned for an hour. On the resumption of the sitting—

The Chairman said that the next business to be transacted was to receive the report of the Hahnemann Publishing Society, for which purpose he would call on the Secretary, Dr. Hayward.

Dr. Hayward said that as much as possible was being done to complete the works taken in hand by the Society; that a good deal of *material* had been promised; and that new workers had been enlisted by the committee. He appealed to others to join either in arranging the *Hahnemann Materia Medica*, or in preparing the *Repertory*. Funds, too, were, he said, urgently needed; and to obtain them new subscribers must come forward. The subscription was one guinea; and every subscriber would receive the value of his subscription in the published works of the Society. No second subscription was asked for by the Society until the subscriber had been supplied with material at cost price to the value of his first subscription.

ELECTION OF OFFICERS, ETC.

The arrangements for the Congress of 1872 came on next for discussion,

The Chairman stated that the election of President and Vice-President was the first business to be decided. The election of President was decided by ballot, and Dr. Black was elected. As Vice-President, Dr. Dunn was proposed by the Chairman, seconded by Mr. Pope, and unanimously elected,

The town at which the next Congress should assemble was then decided in favor of York. After some discussion the date of holding the meeting was fixed for the first Wednesday in September, 1872, at ten o'clock in the morning.

Dr. Gibbs Blake, of Birmingham, and Mr. Nankivell, of York, were appointed Secretaries; Mr. Fraser, of Hull, Treasurer; and the following gentlemen were chosen to constitute the Executive Committee:—Drs. Gibbs Blake, Dunn, and W. Craig, and Messrs. Fraser and Nankivell.

UTERINE AND OVARIAN DISEASE.

Dr. Moore then read a paper on *Uterine and Ovarian Disease*.

At the conclusion of remarks by Dr. Moore, the Chairman announced that a greeting from our American brethren had just been received, which he would ask Dr. Gibbs Blake to read.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The following communication was then read by Dr. Blake, and was received with much applause:—

"To H. R. Madden, M. D., President British Homœopathic Congress:

"DEAR SIR:—Allow me, in behalf of the American Institute of Homœopathy, to congratulate the homœopathic fraternity of Great Britain on the formation of a national association, which, by bringing the practitioners of homœopathy into more intimate and harmonious relations, will conduce alike to their great friendship and more united effort. This cannot fail to add to the progress of our medical system, not only by the scientific work it may accomplish, but by the pleasant social relations it tends to establish among its members.

"The American Institute of Homeopathy, now in its twenty-eighth year, has proved a powerful agent in organizing and increasing our strength throughout the country. It now numbers more than one thousand active members; and though they are scattered over an area nearly equal to that of all Europe, yet more than three hundred of them re-united at its last session. The next meeting will be held in Washington, May 21,

1872 ; and let us assure you that any representatives from your Congress, or any of its members, would be then and there most cordially welcomed by the Institute.

"Sympathising with your honorable body in the great work of medical progress and reform,

"I have the honor to be, very sincerely,

"J. T. TALBOT,

"President of the American Institute of Homœopathy.

"BOSTON, U.S.A., Sept. 5, 1871.

The Chairman said : I am only expressing the wishes of every one present when I say that we should instruct our Secretary to send to the President of the American Institute of Homeopathy a cordial letter of acknowledgment of the communication we have just heard read.

This proposal of Dr. Drysdale's was received with much applause, and carried by acclamation.

Dr. Dunn was then called upon to read his paper on *The Influence of Homœopathy on the Practice of Surgery*.

Dr. Drysdale requested that Dr. Dudgeon would take the chair at the dinner.

Dr. Black : Before they concluded, he would ask the members to do a little to settle the question of dose, between this time and the next meeting of Congress. Let them try by using dilutions up to 3rd, to see whether they could not get the same results as they had done with higher dilutions.

Dr. Dunn, in reply, said : I will certainly do so, for one. I have merely to thank the meeting for their observations on my paper. I think there is no point calling for particular notice. In reference to the antiseptic treatment, you have rather avoided the suggestion as to the use of carbolic acid. Even if you use dry cotton dressing, you will get a layer of pus which, if not offensive, is certainly irritating. (A voice : "No.") If you try antiseptic dressings, for the future you will use no other.

After a cordial vote of thanks to Dr. Drysdale for presiding during the day, moved by Mr. Pope, seconded by Dr. Holland, and carried by acclamation, the business portion of the proceedings of the Congress terminated.

THE DINNER.

In half an hour's time the members re-assembled in another large room, where an elegant dinner was laid out. Dr. Dudgeon presided.

PENNSYLVANIA STATE HOMŒOPATHIC SOCIETY.

The Seventh Annual Meeting of the Homœopathic Medical Society of Pennsylvania will be held at Harrisburg, on the first Wednesday in February, 1872. The session is to commence at 10 o'clock on the first morning. The exercises are expected to be of a very interesting character.

BUSHROD W. JAMES, M. D., *Recording Secretary*.

HOMŒOPATHIC LIFE INSURANCE COMPANIES.

The *Homœopathist*, published at Canandaigua, N. Y., E. B. Holmes, M. D., Editor, says :—The Hahnemann Life Insurance Co., of Cleveland, Ohio, the pioneer homœopathic life insurance company in the United States, has been sold out to the "Spread Eagle" *Republic Life* of Chicago. Every believer in the homœopathic medical philosophy believes that the lives of practical homœopathists can be insured at less rates than those who use any other system of medicine. The Hahnemann Life Directors believed the same, and established through their Actuary, Hon. Elizar Wright, the father of the solvency, in American life insurance, two sets of tables, one with ordinary rates for those who did not use homœopathy if sick, and the other *ten per cent. less*, to those who used only homœopathic treatment when sick. The Company was organized in 1865, and had done a fair business, but the *Republic* offered fat positions to two of its officers, and a large bonus to the stockholders for the business, and the Company together with homœopathy have been sold out.

The agents of the Hahnemann complain that homœopathic physicians have taken no pains to introduce them to their patrons, that they are prompted by the most sordid motives, and are willing to advance the interest of agents of any company who will, or can, give them the most examinations. That, as a general rule, their patriotism to homeopathy is a myth. We have found their complaint true, we are happy to say, in only a few instances, but we have also found it true, that, as a general rule, physicians of our school have not properly estimated the importance to themselves of having the fact, that large money corporations, after thorough investigation into most reliable statistics, were willing to insure practical homeopathists at much less rates than could be afforded to those who use any other system of medicine.

The patrons of every physician are applying almost daily for life insurance, to companies which insult homeopathic physicians by saying that they are incompetent to make a medical examination, and still the physician makes no effort to direct their patrons to a company as responsible as any in the world, where they will be insured at less rates because they employ a homeopathic physician if sick.

Now there are over *five thousand* homeopathic physicians practicing in the United States. If each one had sent in, or influenced one patron to send an application each year, to the Hahnemann, for insurance, no offer would have induced that company to sell its business. There is another company, the Homeopathic Mutual Life, 231 Broadway, New York, demonstrating the fact of increased longevity to practical homeopathists. A large bonus, one hundred and fifty thousand dollars, has been offered for its business, and declined. The homeopathic flag has been nailed to the mast, and now its directors ask physicians of that school to step forward and act for their own interests, by securing good active agents or working them-

selves for the company. Send for books and documents, and when you get them, put them in the hands of your patrons, see that they understand and appreciate, and let each one see to it that *one* application for life insurance is sent to the office before this year closes. The list of deaths on which the company has paid losses, giving the treatment under which each one died, on the last page of the "Rate Book," is a more favorable argument in favor of homeopathy than all the learned articles ever published. Practical facts are what the people want; this company presents them; let your patrons see these facts. You have neighbors whom you would like as patrons, show them that this company, in two and half years, have lost nine non-homeopaths out of less than six hundred, all of whom died *secundum artum*, and that only five have died out of over twenty-eight hundred homeopaths insured as such, and who depend on "little pills" when sick. You will thus present to them a more forcible argument in favor of your peculiar medical philosophy than you can by pointing to your individual success. Make up your mind, form a resolution to insure somebody in this company before January, 1872, and if you cannot convince your neighbor, who has a growing, dependant family, that it is his duty to insure his life, think of what are your own duties, send in your own application.

AGUE TREATED WITH ARSENIC.—The following interesting story is related by Dr. J. M. Scudder, in his Eclectic Medical Journal, for Nov., 1871: The first year of my practice I was poor, and found it difficult to make both ends meet. Late in the Fall I was applied to by a Southerner, who told me he had had ague for over a year; he had tried everything, and could get no relief. Could I help him? He had taken Quinine, Fowler's Solution, Salicine, and indeed all the common drugs.

I answered yes. I'll cure you, (though I wasn't half as confident as I seemed).

Prescribed—Filled an ounce bottle one-fourth full of homœopathic pellets, and dropped on them Fowler's Solution, gtt. v. Ordered ten of these every four hours. Only one chill afterwards, and made an excellent recovery.

The gentleman came to my office in about ten days, and after telling me that he thought he was well, and was going home, said, "Now, Doctor, I wont ask you what your bill is. There is \$50.00 for the bottle of little pills, and you have my thanks in addition." That was the best money I ever made, for it enabled me to live until sufficient practice came.

In 1864 I had to treat three students who, coming from Missouri and Illinois, brought ague with them. During October and the first two weeks of November, they kept the disease partly in check by the use of Quinine and Podophyllin pills. But finally these failed, and the disease commenced to present typhoid symptoms, one of them being confined to his bed.

The symptoms were peculiar. There was no seeming loss of flesh, but the tissues seemed sodden, and expressionless. The tongue and other mucous tissues were tumid and bluish; a brownish fur gathered on the tongue, and sordes about the teeth; the bowels were loose, stools papaceous; the chill not very severe, but the fever intense; pulse in intermissions soft and fluent, during fever small and thready.

They were very bad cases, one was in a dangerous condition. They had taken the usual remedies, Quinine in full doses, as well as Strychnine; what should I give them? I decided at once to try the little pills. In a week the sickest one was at lectures.

Prof. Jones was told, and he was asked, "What the little pills were made of?" Of course he couldn't tell, and the very thought of little pills was an

offence in his nostrils, and his remarks about "Dr. Scudder and his little jokers" were the standing subject for fun for many sessions.

Will the "little jokers" cure all cases of ague? Indeed they will not. I wish they would, for they are far pleasanter than Quinine. But they will cure some cases, and those are usually inveterate ones that Quinine won't reach.

"But!" and I imagine some one holds up his hands in holy horror, "that's giving Arsenic." That's a fact, so it is. I had forgotten that "ratsbane" was in the list of tabooed medicines. Got it mixed up with "hensbane" somehow. Very sorry, but what's writ is writ, and I don't see very well how I can go back on it.

JOHN HUNTER.—(*Lancet*, Aug. 12th,) Mr. Frank Buckland has been an indefatigable searcher for relics of the greatest anatomist, physiologist, and surgeon, that England ever produced. Twelve years ago he found John Hunter's bones in the vaults of St. Martin's-in-the-Fields, and got them buried in Westminster Abbey; and he has lately been making a searching examination of the house and grounds that once belonged to him at Earl's court, Kensington, but are now in the occupation of Dr. Gardiner Hill. According to all local tradition, the house and grounds are very little if at all altered since the days that John Hunter lived there. The house was built by himself, and it is such as might have been expected—without the slightest attempt at effect or useless ornamentation. His favorite room was evidently the large one on the ground floor, looking out on the park; Mrs. Hunter's rooms being doubtless up-stairs. All round the house is a covered cloister dug about six feet into the earth. This cloister probably served the double purpose of keeping the house dry, and of being a good place for keeping live-stock. Mr. Frank Buckland has no doubt that here many of Hunter's smaller animals, used for experiments, such as dormice, hedgehogs, bats, vipers, snakes and snails, for his researches on torpidity, were located; as well as hutches of rabbits, whose unfortunate fate it was to have their ears frozen, to prove points connected with blood-circulation. The entrance into these cloisters leads through a very dark, subterraneous passage, at one end of which is a mysterious-looking door, leading into a small room, now used as a receptacle for rubbish. In a corner of this room there is a largish-sized copper boiler standing out of the wall. "If this old boiler," exclaims Mr. Buckland, "could only tell us what it had boiled!" One giant, we know, was boiled in it; for in 1787 John Hunter wrote to Sir Joseph Banks: "I have lately got a tall man. I hope to be able to show him to you next summer." This was, no doubt, O'Brien, the Irish giant, whose skeleton is now in the Hunterian Museum at the College of Surgeons. Close to the boiler are the old (now tumble-down) pig-sties, where, probably, John Hunter kept the little pigs which he fed with madder, so as to cause their bones to become red. The place where his cocks and hens, and pigeons—that have become matters of history now—probably lived, and all his other animals, are described.

THE SMALL-POX seems to have got a terrible hold upon Philadelphia. For the week ending November 4, the number of deaths was 567; for the year ending 1870, 2,168; In other words, there were sixteen times as many deaths from this disease last week as there are on an average during the year. The pest, it is said, was brought thither by Indian buffalo robes from infected tribes. These robes had been quarantined by the Government, but they were smuggled through.

Book Notices, etc.

Parturition without pain; a code of directions for escaping from the primeval curse. By M. L. Holbrook, M. D., Editor of Herald of Health. New York: Wood & Holbrook, 1871. Price \$1.

A very interesting and useful compilation. The propriety of the scriptural quotation on the title-page, "*Neither shall there be any more pain, for the former things are passed away,*" (—Rev. xxi: 4,) we may question, but we cheerfully accord to the editor the meed of praise for his work.

The following summary is given by the author:

Painless parturition may be secured by attention to the following points during pregnancy (besides correct previous bringing up, moral, mental and physical):

Moderate healthful exercise, and avoidance of shocks, fatigue and over-exertion.

Comfortable, or at least quiet and patient mental condition, avoiding all bad temper.

Amusement and agreeable occupation as far as possible.

Judicious use of bathing, particularly of the sitz-bath.

The fruit diet, and avoidance of unsuitable food, and of alcoholic, narcotic, and other stimulants.

Watchfulness and prompt treatment of the various ailments of the situation, should they appear.

Kindness and indulgence by the patient's husband and friends.

The use of chloroform, if required, at delivery; but only if administered and watched by a professional attendant.

The Seventh Annual Report of the Consumptives' Home, and other institutions connected with a work of faith, to September 30, 1871. By Charles Cullis, M. D. Boston: For sale at Willard Tract Repository, 12 West street. Price 25 cts.

We have watched the progress of Dr. Cullis' labors in Boston from year to year, with very great interest. The report before us shows a gratifying increase in contributions, and a success-

ful continuance of the "work of faith." Fifty-five thousand dollars were received during the year, for the Consumptives' Home.

Number of patients at the beginning of the year.....	38
Number admitted during the year.....	147
Total.....	185
Discharged, relieved.....	53
Discharged, not relieved.....	26
Cured.....	18
Died.....	55
Now remaining in the Home.....	33
Whole number cared for since opening the Home.....	757

Dr. C. has in view a home for the sufferers from cancer.

At the Consumptives' Home the poor, sick with consumption, of whatever nation, creed or color, being friendless or unprovided for, are cordially received and cared for in the name of the Lord.

The history of this work of faith from its inception to the present time, is a striking illustration of the value of that sweet trust which is anxiously careful for nothing, but in *everything* by prayer and supplication, with thanksgiving, maketh known its wants to the Great Provider.

Southern Voices: poems by W. H. Holcombe, M. D. Philadelphia: J. B. Lippencott & Co.

An elegantly printed 12mo volume, of 164 pages, on tinted paper, cloth binding, gilt, which we reserve for more extended notice.

NEWSPAPER JUBILEE.—Very few papers, religious or secular, now published, have been in existence more than a quarter of a century; but the *New York Observer* announces that it will enter upon its fiftieth year in the beginning of 1872. It was established as a religious paper; giving, also, the most important secular news; and it has been one of the ablest, and at the same time one of the most successful journals in the country.

The Publishers announce for the coming year, as a free gift to each of their subscribers, a NEW YEAR-BOOK; containing a vast amount of information in regard to Church and State, and all important business affairs, a real encyclopedia, such as any intelligent person wishes to have always at hand. Specimen copies of the paper and prospectus of the Year-Book sent free to all who will apply. New subscribers will receive the paper free until January 1st. Address *Sidney E. Morse & Co., "New York Observer," 37 Park Row, New York.*

AMERICAN OBSERVER FOR 1872.

Before closing the volume of our journal for this year, we are making arrangements for the January number of 1872. The ninth volume will doubtless be much more satisfactory to its friends than any of its predecessors. As the *American Observer* has passed from the struggles and weakness of its infancy to the strength of manhood, more of maturity of thought may be expected. Its special features and peculiarities will be presented more prominently. It will be still more distinctly a professional periodical, devoted to the advancement of HOMCEOPATHY. *Independent—not neutral.* Not the organ of any person or party. Having ready a word of encouragement for every good word and work which relates to the medical science we aim to cultivate, and with just as ready rebuke for every form of quackery and pretence.

Controversial papers will be received, if they are devoid of the bitter spirit of partizanship which uncharitably judges of the motives of its opponents, and deals in offensive personalities rather than just reasoning. Preference will always be given however to practical rather than polemic papers.

The mode of classification of the contributions, etc., into several departments, which was introduced by the *American Observer*, and which has met with such hearty approval, will be continued. It will retain on its corps of editors the old writers who have given it character heretofore, and some new contributors will be welcomed.

The improvements which have been designed for the new year,—new type, new paper, new engravings, etc., etc., will absorb the profits of the enterprise, and we are obliged to again urge upon all our subscribers the propriety of prompt settlement of their subscriptions.

A few extra copies of the January number will be issued, which we will send as sample numbers to any physician or student desiring to examine it, who will send us his address.

E. A. L.

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